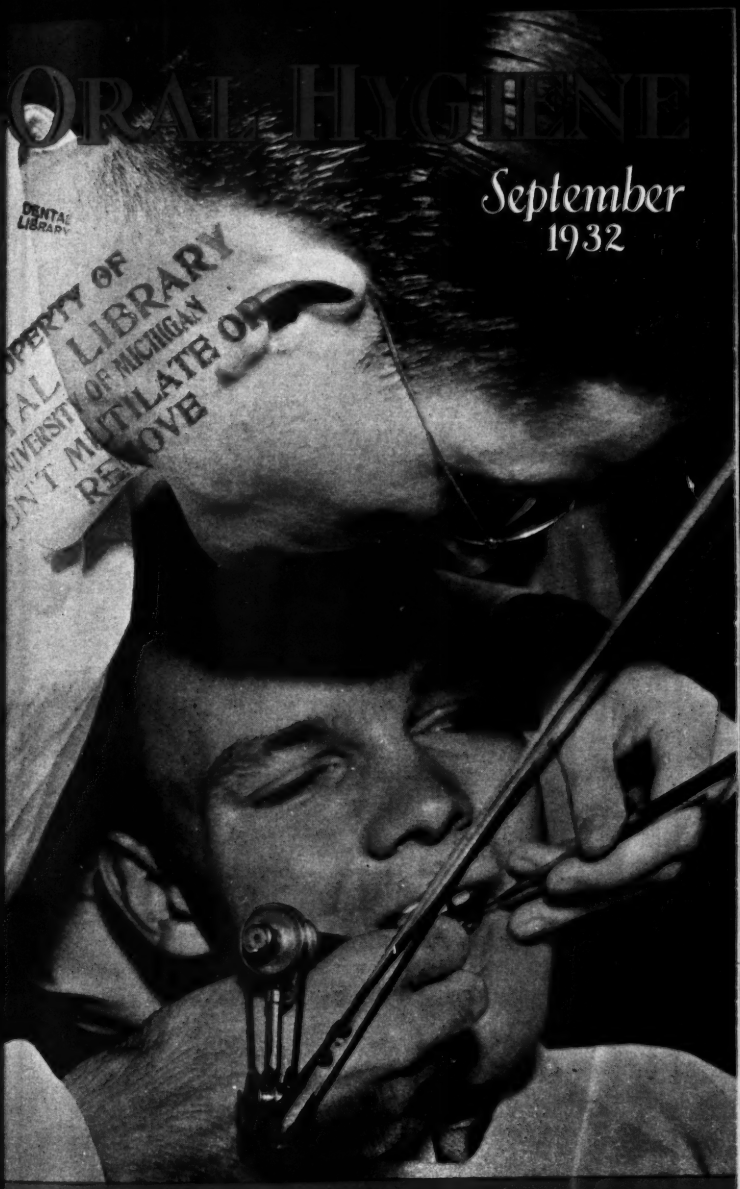
ORAL HYGIENE

September
1932



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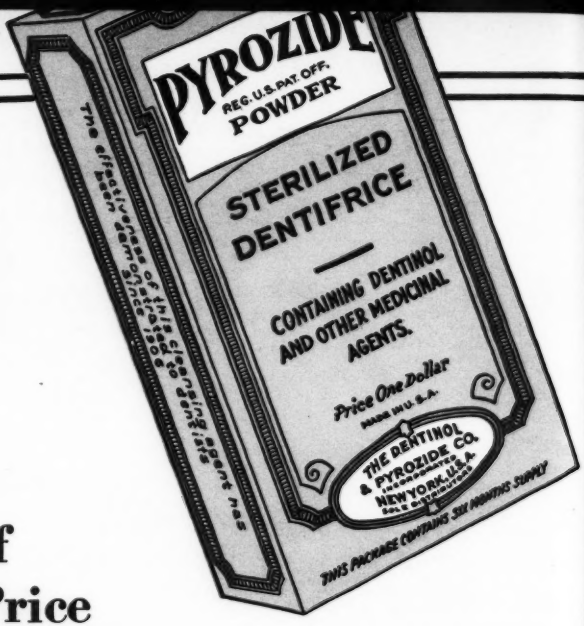

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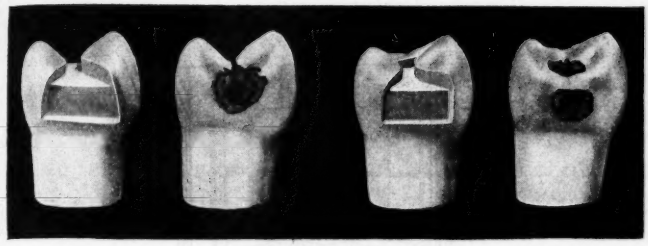

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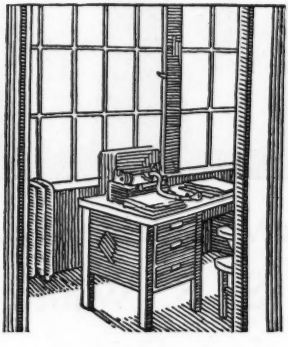

No. 133

CORNER

By MASS

The Wave of Better Feeling

THE CORNER this month starts its twelfth year and cannot figure out a better way of celebrating the occasion than by reflecting the definitely more optimistic spirit evident on all sides.

Here in the Pittsburgh area, basic industries are already showing definite improvement: mills in which the fires were drawn some time ago are lighting those fires again; not a great many, to be sure, but enough to encourage some of the most conservative Pittsburghers in the belief that the turning point is somewhere in sight.

The Business Week, recognized as the national authority on commercial affairs, for the first time in over two years is striking a cheerful note. That jour-

nal's editor has been the prize pessimist for many long months. Each week I've had a good cry after reading his opinion of business conditions. At times I've felt he should be suppressed as a stabber of hopeful hearts. But his pessimism proved to be justified. So now it is reasonable to believe that *The Business Week* has equally sound reasons for at least the conservative optimism it is showing after all these months of painting black pictures.

ORAL HYGIENE'S vice president, Stuart M. Stanley, in daily touch with dental affairs throughout the East, writes of the new feeling of optimism prevailing among men who not long ago sat brooding in despair.

Stanley has found that many agree with his belief that a vast *accumulation of dentistry* exists—that patients forced to neglect their mouths over a long period are aware of the daily more urgent need for dentistry—that each day the need becomes more imperative.

Everyone who knows anything about caries and other oral ills knows that the millions of neglected mouths need very much more dentistry today than they required a year ago, or even six months ago.

I have always avoided prophecy—I'd look like hell with a beard and a planet-spangled robe—and I am not prophesying now—but isn't it *reasonable* to suppose that neglect will have so intensified the need for dentistry that, in many cases, dentistry will be sought very soon after the first upturn of personal finances?

And looking a bit into the future, remembering there must have been less dentistry per capita than

ever during the last two years, isn't it reasonable to believe more dentistry is needed now—by patients conscious of their need—than ever before in the history of the profession?

True, except for the more urgent cases, many of these patients won't seek dentistry of their own accord. The usual routine reminders are just as necessary as ever. That's why ORAL HYGIENE has been fostering the Pittsburgh Plan.

CORNER-customers in 86 cities have written about it. Thirty-one states are represented in the pile of letters so far received, indicating the wide interest in the idea.

Those of us who made the experiment here wish it were possible to furnish patient recall cards to everyone everywhere, but of course it isn't. However, anyone is at liberty to copy the Pittsburgh card, which was reproduced in the July CORNER. Another was suggested last month.

This simple plan amply justified the experiment carried on here during the worst business period in Pittsburgh history—the early Summer; hundreds of patients returned for thousands of dollars worth of dentistry purely because they were reminded that periodic examinations had been neglected.

If business really is pointing up, as it certainly *seems* to be, the persistent and systematic use of this simple routine method should be even more productive now than it was three months ago when 18 per cent of the patients receiving cards returned for treatment.

HAVE I cheered you up any? I certainly hope so. But I wouldn't have dared to try if there didn't appear to be sound justification for feeling better about things.

A sober soul, I've never been given to dancing at funerals. I'm not dancing yet. But I do think *this* funeral is nearly over and that no etiquette is violated by smiling, wistfully, hopefully—by encouraging others to do so.

IF every reader of the CORNER will hunt for *valid* indications of improvement in his own locality—will help to tell the truth about them in all his personal contacts—he will contribute to what seems to be a growing wave of better feeling.

Life has its being in the minds of men. Our thinking governs our activities. Activity is paralyzed when minds are gripped by fear. We've all been afraid because there has seemed no reason for *not* being afraid. And the very fact that America has been afraid has created causes for further fear.

But now the inexorable forces of demand, which cannot forever be held in check, seem at last to be just beginning to flow over the barrier that had been raised against them. The wave of better feeling is rippling the water above the dam.

Every contribution to that wave of better feeling can, in time, help to overwhelm the evil forces of discouragement and despondency and fear—will give fresh hope, new courage, to us all.

Will you help by taking a minute or two to tell me of any definite signs of improvement, however small, in your own locality? I just want the truth, whatever it is. Will you answer the questions printed on the next page and mail the page to me?

Please mail to ORAL HYGIENE, 1117 Wolfendale St., Pittsburgh, Pa. (See preceding page)

Are there any signs of general business improvement, however small, in your locality?

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Is there any evidence, however slight, of improvement in your practice?

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Do you know, through contact with patients, of dentistry that has been planned but deferred, pending ability to pay?

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Remarks:.....

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(NO SIGNATURE IS REQUIRED IF YOU PREFER NOT TO SIGN)

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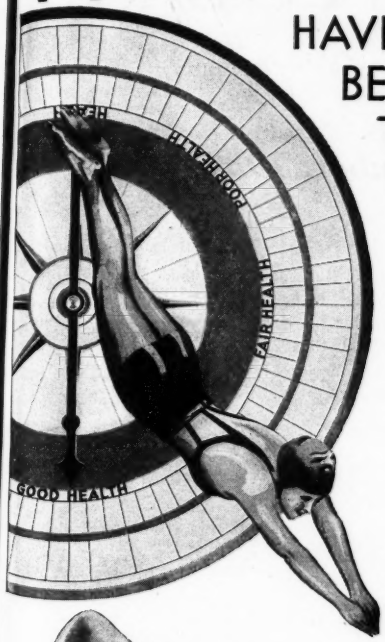

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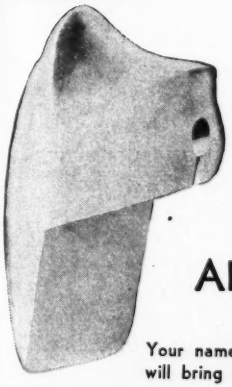

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ORAL HYGIENE

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A Journal for Dentists

"Whatever can I do, Bill—I've got the toothache!"

SALESMANSHIP *in* DENTISTRY*

By GEORGE WOOD CLAPP, D. D. S.

"Salesmanship" is a fighting word with many members of the profession. But Dr. George Wood Clapp throws some new light on the subject in a series of articles of which this is the first.

HAS salesmanship a proper place in the conduct of a dental practice? If so, what place? Let us have a definition of salesmanship and see if it will help us to find out.

THREE FORMS OF SERVICE

Before we formulate the definition, let us recognize that the office life of one who practices dentistry as a means of livelihood comprises three distinct and unlike forms of service which must interact continuously if he is to attain maximum success in any form of service.

The first of these, and the one which should give color to his whole working life, is professional in character. By it he knows what constitutes health, diagnoses pathology, prescribes what should be done, orders the manual or mechanical things desirable, and supervises the service rendered to make sure that it is suitable and adequate.

The second form of service is the practice of the craft of dentistry, by which he renders the manual or mechanical service dictated by the profession. This form of service calls for the exercise of technical knowledge and skill, but it is incapable of the diagnosis, prescription, and supervision.

The third part of service is the business of practicing dentistry. In it he organizes and maintains an office, assumes financial obligations, and seeks to secure and retain patients.

*This is the first of a series of articles dealing with salesmanship in dentistry. The second will appear in an early issue.

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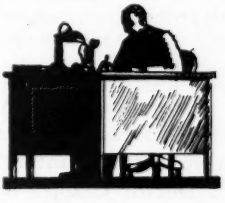


Here he presents what his professional knowledge diagnoses and the benefits which his knowledge and skill will make possible. If salesmanship has any place in the practice, it will be here. However deep its roots may strike into the profession and the craft of dentistry, it is here that salesmanship will find expression.

Two Forms of Salesmanship

And now for a definition of salesmanship and a few observations concerning it. Salesmanship is the art of persuading somebody to buy something and pay for it. In the ideal sale the thing the buyer gets is worth more to him than what he pays for it. If he buys a pair of rubbers for a dollar, the rubbers should be worth more to him than the dollar. As a legitimate part of the same transaction the dollar is worth more to the merchant than are the rubbers, which may cost him 70 cents.

In any business in which transactions between buyer and seller are frequent, as they should be in dentistry, the relations will be most satisfactory and the final profit to buyer and seller will be greatest when what the buyer gets is worth more than it costs him. The greater the excess of value over the cost, the more prolonged and profitable the business relations will be. The wise salesman never forgets this.

High-pressure salesmanship was popular until recently. It rested mostly on the power of the salesman's mind to dominate the mind of another and persuade him to buy something he neither needed nor wanted or could not afford, merely for the sake of a profit to the seller. The depression has put an end to much of this kind of selling by giving people the courage to say no.

Unrecognized Needs for Service

It is readily understandable that I may need things of which I am not aware. No illustrations of such needs and of their relations to health and economy can be better than those daily furnished by dental professional knowledge. Cavities of which I know nothing may be forming in my teeth. It is desirable that they should be filled. I may

have pyorrhea pockets, and my health may suffer because of them. My physical vigor and resistance may be lowered because I am unable to masticate the kinds of food my body needs, as I have lost back teeth or those I have are not efficient.

If I give a dentist a chance, it is his duty to point out these threats to my health and their probable consequences. Such conversation naturally leads to talk about what should be done, what benefits are to be expected, and what the service will cost. If the dentist proposes a form of service that meets my physical and social requirements at a cost suited to my financial level in life, that is the best kind of salesmanship.

A multitude of ORAL HYGIENE readers have listened intently to Doctor Clapp's lectures. Audiences, as a rule, want him to carry on after a two-hour session.

High-pressure salesmanship is not unknown among dentists. Sometimes it is unpremeditated. Sometimes it is a relic of an expression I used to hear years ago—that it was our duty to do our best for every patient and let the pay come when, as, and if the patient felt like paying, which, too frequently, he did not. Sometimes it is a deliberate robbing of the patient and is little short of criminal. Let me tell one story illustrating this last form, and with that I must close.

A Wrong Kind of Salesmanship

At a dental meeting where I spoke a while ago, a dentist in the audience, in the course of a discussion about the collection of fees, told of a young lady for whom he had done what he modestly described as a beautiful piece of work. He had removed eight amalgam fillings, replaced them with gold inlays and made a partial denture on a gold base with some sort of fancy attachment to adjoining teeth. The bill was $325. He had received $25 on account but could not collect the rest.

Questions by the speaker and the audience developed the following facts, which he admitted were known to him before he began the work: the girl is a cashier in a moderate-priced restaurant, has not been well, and is occasionally off without pay. When working, she earns $5 a week more than is required to live modestly but decently, and out of this $5 she must provide for weeks when she cannot work.

He was not at all sure that the amalgam fillings were leaking, but he saw a chance to sell four inlays at $20 each and four at $10 each. He charged $200 for the partial denture and $5 for prophylaxis.

He was finally forced to admit that there was no justifica-

tion for removing four of the amalgams except his desire to sell inlays, that he could have replaced the other four with good amalgam restorations at $3.50 each, and that he could have made a good lingual bar denture with vulcanite attachments for $50, which would have brought the whole bill to $69.

I told him I thought he was a fool and perhaps worse, and that I hoped he might lose every dollar of the balance of the fee. He had exploited the girl for his own purposes and not for her benefit. He had worked a serious financial hardship upon her, and his continual demands for money which she could not pay were an urge to get money by improper methods. This verdict was applauded by the audience.

We shall see in future articles that there is a place in a dental practice for the right kind of salesmanship, and that it is essential to the rendering of the best professional service of which the dentist is capable. But there should be no place for salesmanship which seeks advantage for the dentist at the expense of the patient's welfare. Very few practices where such salesmanship is the rule are permanently professionally and financially successful.

ST. LOUIS STUDY CLUB OF DENTISTRY

The St. Louis Study Club of Dentistry, organized for the purpose of providing postgraduate courses in dental subjects, without charge, to ethical members of the profession, will open its fifteenth term, October 12, 1932. The sessions are held from eight to ten o'clock on Wednesday evenings, at the St. Louis University College of Dentistry, Grand boulevard and Caroline street.

As the classes are divided into Groups A and B, students will be able to select two subjects for the season. The subjects covered during the term will be: dental roentgenology; crown and bridge; dental economics; tooth form, cavity preparation, and ceramics; conductive and local anesthesia; root canal therapy; inlay casting and operative dentistry; preventive dentistry and pyorrhea; removable bridges; oral diagnosis and diseases of the mouth; cast partial dentures; practical oral bacteriology; anatomy; and public speaking (special course).

For further information, write Dr. F. C. Rodgers, Missouri Theatre Building, St. Louis, Missouri.

Dental Relief to the UNEMPLOYED *in* CHICAGO

By M. D. K. BREMNER, D. D. S.

FOR years the social service workers of Chicago have been complaining that they are unable to obtain dental care for their clients. Medical aid of all types was generally available at the numerous dispensaries and clinics of the city. Dental service, however, was provided only at the dental school infirmaries. For many reasons this service never has been altogether satisfactory. In recent months the complaint became particularly insistent. Charities have been compelled to support nearly half a million unemployed, some of whom, having been out of work for two or more years, have had very little or no dental care. Many suffered from toothaches, abscesses, disfigurement, and other ills which usually result from neglect.

The social welfare workers presented this serious problem to the Chicago Dental Society, asking that the society do its share in this crisis. The governor's commission offered to set aside the sum of five thousand dollars for this purpose.

Accordingly a committee was formed to develop a plan by which some measure of dental relief might be provided for those who are receiving aid from the charitable agencies. The committee consisted of nine dentists, one member of the Chicago Dental Laboratories Association, and a representative of the dental supply dealers.

The first question to be decided was the extent of dental service to be rendered, that is, where was the limit to be placed? Certain members of the committee advocated that we confine ourselves strictly to emergency work, such as extraction of teeth and the relieving of pain. However, the majority felt that, in view of the class of the people from which the prospective patients would be drawn, it would be advisable to arrange for a certain amount of restorative work, in order to keep them reasonably comfortable until the general economic conditions im-

Charities have been compelled to support nearly half a million unemployed, some of whom, having been out of work for two or more years, have had very little or no dental care.

prove. It seemed contrary to common sense to palliate a decayed molar, knowing that caries will continue to progress until the tooth will be lost, while the mere insertion of an amalgam filling would save the tooth for many years.

To provide that type of service for the anticipated number of patients was a serious undertaking. Special clinics were out of the question, because to equip and supervise a number of such institutions in the different neighborhoods would have been too costly. The sum of five thousand dollars which the society had at its disposal was insufficient for that purpose. The committee, therefore, decided to call for volunteers who would agree to work in their own offices for the indigent people sent to them, thus obviating the need of supervision, the purchase of equipment, and general overhead expense.

There were, however, several important problems to be considered. Volunteers are seldom satisfactory. People familiar

with social service activities are rarely enthusiastic about employing workers without pay. Besides, it seemed unreasonable to ask the dentists who are themselves suffering from the economic depression to contribute not only their time, but also their money in the form of materials, light, power, etc. The committee, therefore, decided to reimburse the volunteers who would be giving their time and skill for their cash outlay. At the same time this payment, although small, nevertheless gives a certain measure of control which cannot be had without financial remuneration. The objection to this plan was that some dentists would consider the small amount given to them to cover the cost of materials as their actual fee. It may be a sad reflection on human nature, but it is admittedly true that many men render services commensurate with the remuneration received.

Another objection was the possible effect that low fees might have on the social workers and others, since many people are inclined to look upon price as a measure for value. Furthermore, if at any time in the future the state or the community should undertake to organize dental service as it has been done in England and other European countries, we may then be confronted with these fees as the normal fee scale. While the possibility of state dentistry appears remote at present, the possibility of being faced with such a situation must be reckoned with.

To obviate these difficulties, the commission decided to use the average fees charged in the "lower middle class" dental offices of the city as the basis for the remuneration of the dentist and pay each operator a fraction of that fee. This was set at fifteen per cent for prosthetic work (exclusive of laboratory charges) and twenty-five per cent for operative work, the dentist furnishing his own materials. The difference between the regular fee and the amount paid the dentist is to be credited to each volunteer as his contribution or donation to charity. Thus, all the objections previously mentioned were eliminated. The general idea is to make the available money serve the maximum number of people.

The laboratory association of Chicago has agreed to do all the vulcanite restorations at fifty per cent of their regular price. The balance is credited to them as their contribution to the Relief Fund. Vulcanite cases as indicated in the schedule consist of full dentures and partials with clasps but no bars. The teeth used are of good quality, diatoric posteriors and base metal pin anteriors.

The dental trade association has contributed all the equipment and is supplying the necessary sterilizing solutions, mirrors, explorers, etc., required for the examination of patients. The only expenses, in addition to the payments made to the dental volunteers, are the wages

of one examiner, two young women assistants, telephone bills and printing—a total of about two hundred and fifty dollars per month. The examining quarters are furnished rent free by the owner of a building in the down town section, who also furnishes the electric light and janitor service without charge.

The examining office is open from nine to one. Patients are accepted only when referred by the recognized charitable organizations, and they must bring a special dental card. The maximum quota allowed just now is sixty-four per day. This quota is not always filled. After the patient is examined, the necessary requirements are charted on special blanks. The original is kept at the commission office; the two duplicates are handed to the patient who takes them to the designated volunteer. When the work is completed, the patient signs for it on one of the blanks which is then taken by the patient to the commission office and becomes the record upon which payment is made. The second blank is kept by the dentist for his file. We have about six hundred volunteers all over the city. Whenever possible, patients are referred to dentists in their neighborhood, because many of the poor people lack car fare.

The fund given for dental relief by the charities is handled through the office of the Chicago Dental Society. All disbursements are made by the official treasurer. The following figures may be interesting:

The value of the services rendered during the first two months was approximately $20,000. The total cost amounted to about $5,000. We were, however, fortunate in getting most of our extractions done free, effecting a saving of over $1,200. The actual figures, therefore, were as follows:

Fees to dentists	$2,440.00
Laboratory charges	776.89
Overhead—examiner's wages, etc.	609.95
	$3,826.84

Therefore, about $16,000, $800 of which must be credited to the dental laboratories and about $15,000 to the dental profession, was contributed during the first two months of the operation of this plan for relief.

DENTAL DIETETICS

Writing in *The Spectator* of July 16, 1932, Dr. J. Menzies Campbell, in replying to a correspondent says: "It is suggested that dietetic experiments on animals are cruel, but I make bold to state that practically every child (in embryo or born) in every civilized country today is the unconscious victim of haphazard dietetics, resulting in more suffering and ill health than is the case with experimental animals. Yet we do not label this as cruelty, although in my opinion it is infinitely more so than the feeding of animals with certain diets."

New Observations on DENTAL CARIES

A SYMPOSIUM on the subject of dental caries was held in Pittsburgh, June 23, 1932, under the auspices of the International Association for Dental Research. The main papers were presented by Doctor H. E. Friesell, Dean, University of Pittsburgh School of Dentistry; and Doctor J. J. Enright, a research specialist of Mellon Institute. These contributions gave the first complete account of the results of a comprehensive scientific investigation of dental caries that has been in progress at Mellon Institute and the University of Pittsburgh during the past nine years. Prominent scientists who discussed these findings at the meeting were Doctor William J. Gies, Columbia University; Doctor Edward H. Hatton, Northwestern University; Doctor R. W. Bunting, University of Michigan; Major F. E. Rodriguez, Dental Corps, U. S. Army; Doctor Philip Jay, University of Michigan; and Doctor Theodore Rosebury, Columbia University.

Doctor Friesell gave a description of the present status of the scientific knowledge of dental caries and followed with a presentation of the clinical aspects of the disease, pointing out that the peculiar localization of the carious processes could be correlated as due to active causative agents in the immediate environment of the teeth. He reported that a knowledge of the fundamental facts of embryologic and histological nature indicated that nutritional factors are important in a secondary or predisposing manner.

Doctor Enright reported studies of the effects of acids on enamel with simple lactic acid and buffer solutions which etched enamel in all ranges studied, even in the neutral and slightly alkaline range. That tooth enamel under natural conditions in the mouth was not dissolved over the entire crowns of the teeth was shown to be due in large measure to the fact that saliva in all of the 225 cases studied was saturated with tricalcium phosphate. In an additional study of the effects of acids on enamel, in which certain pertinent characteristics simulated conditions of the local decay areas in the mouth, it was demonstrated that the degree

of acidity necessary to decalcify enamel could be produced only by lactobacilli. The bacteriological study of carious and noncarious patients also showed that the activity of the disease could be correlated with the presence of lactobacilli. This was particularly true when the follow-up examinations were used to substantiate the bacteriological and clinical diagnoses. The mass of evidence presented by earlier workers, confirmed and amplified by these experimental results indicating the importance of lactobacilli, raised the question as to what type they were. An extensive taxonomic study of lactobacilli types from oral and intestinal sources gave a basis for classification of these bacterial forms.

Doctor Bunting discussed the progress that had been made in advancing the view that dental caries is an infective process in which specific types of bacteria, acidogenic and aciduric in nature, are resident on surfaces of teeth and by their acid production cause tooth destruction.

Doctor Hatton emphasized the importance of the clinical features of dental caries, stating that any theory that does not explain the clinical facts that are known about caries is unacceptable.

Major Rodriguez strongly commended the decalcification experiments and the proposed classification of lactobacilli. He called attention to the results of his bacteriological survey, which were even more encouraging than those reported by Doctors Friesell and Enright, respecting the importance of lactobacilli. He also pointed out the desirability of a quantitative rather than a qualitative technique in making bacteriological surveys of the dental zone.

Doctor Jay in his discussion suggested research for methods of controlling overgrowths of lactobacilli in the mouth. He reported that manipulations of the diet had thus far given the Michigan group more encouraging results than had drug therapy in effectively diminishing such overgrowths. He also described an immunologic approach in which he is interested at present.

Doctor Rosebury commended Doctors Friesell and Enright's presentation of the clinical aspects of dental caries as a much needed guide to further experimental investigation in this field. In the light of very recent experience, he urged experimental study of caries in animals as promising more informative results than have been obtained heretofore. He endorsed Doctor Enright's classification of lactobacilli as the best yet offered for stable or older strains. Doctor Rosebury's studies to determine the relationship between enamel solubility and the acidogenic powers of lactobacilli, both in terms of pH, thus far have not given him results similar to those of Doctor Enright and his coworkers. Doctor Rosebury said that the problem is so complex and important that it merits broad research with varied methods of approach.

GOLD *begets* GOLD

By BENJAMIN TUCKER, D. D. S.

DENTISTS have assumed and assumed correctly that operative dentistry does not offer as high a remunerative return as prosthetic dentistry does. By that we mean, the majority of dentists look askance upon operative dentistry and regard it as a necessary evil. It is that branch of general dentistry which enables them to meet current expenses until they land the prosthetic contracts, such as palatal bars, lingual bars, full upper and lower dentures, etc. When the prosthetic cases do come in, dentists awaken from the lethargy of their everyday routine of inserting amalgam fillings and get ready for their big moment (apologies to Elinor Glyn). Thus, the professional life of the dentist consists primarily of a series of small, comparatively non-profitable, operative contracts and the interposition, now and then, of the big prosthetic case.

This type of practice lacks efficiency and common sense. Why should dentists practice dentistry at a comparative loss during most of their professional careers? The answer is they should not, not only in justice to themselves but in justice to their patients. The fault lies in the biased point of view of dentists upon their operative dentistry. Dentists regard operative work as a means to an end and not an end in itself. They patiently fulfill the odd twenty and thirty dollar operative contracts in silent hope and anticipation that eventually the prosthetic case, amounting to hundreds of dollars, will cross their dental horizon. And so they hope and gamble.

Sooner or later (in these times it is mostly later) such prosthetic cases do come in and the dentists feel that their policy of "watchful waiting" has been rewarded. To the dentist's way of thinking they are absolutely correct in their surmise. They have accomplished precisely what they had intended to do. The "big job" has come and their procedure has been vindicated. And thus their dental life continues: the series of non-profitable small tasks and then, lo and behold, the "big job"!

Why is it that dentists who devote most of their time to operative dentistry do so at a comparative loss? Why should den-

Routine procedure in a dental office is charting of the cavities and telling the patient: "Mrs. Jones, you have five cavities. We'll fill them with silver. That will be fifteen dollars. If you want a cleaning, that will be two dollars more. What's that? You always get your teeth cleaned free? Well, I don't always do this, but I won't charge you for cleaning your teeth."

tists practice at a loss most of the time? The answer is they should not. The solution to this problem now demands attention.

Routine procedure in a dental office is charting of the cavities and telling the patient: "Mrs. Jones, you have five cavities. We'll fill them with silver. That will be fifteen dollars. If you want a cleaning, that will be two dollars more. What's that? You always get your teeth cleaned free? Well, I don't always do this, but I won't charge you for cleaning your teeth." And, thus, the dentist

fills those teeth with the thought back in his mind that, eventually, Mrs. Jones will be in need of prosthetic restorations and that some day he will make up for doing those fillings at such a low fee.

And so the dentist enters listlessly upon his operative tasks and performs them half-heartedly, and anything done listlessly and half-heartedly can never result in good work. And so both dentist and patient are wronged.

The majority of dentists will not do the best work they are capable of unless they are properly recompensed. Dentists are human and have faults common to human kind. Occasionally we find men who will do the best work possible regardless of fee, but they are few and far between.

Now, having exposed the fault, let us rectify it. Most cavities found in the mouth can readily be filled with gold inlays or gold foil. If they are large and of the compound type, a gold inlay would be indicated. If the cavity is small and caries involves the fissures, then a gold foil restoration would be the proper thing. If the cavity is such that a gold foil or a gold inlay is contra-indicated, we can resort to other materials such as amalgam, silicates, and cement fillings. However, there will be very few cavities in which a gold foil or gold inlay will not be the proper thing.

Now the problem before the dentist is to convince the patient that the gold foil or gold inlay is the proper restoration; in other words, the dentist must "sell" the gold restoration to the patient. The procedure is somewhat similar to the way in which the dentist got the contract for the five silver fillings; but there is a variation, and upon this hangs the tale.

The dentist examines the mouth thoroughly and charts all the cavities. Then turning to the patient, he says: "Mrs. Jones, an examination of your mouth reveals several cavities. [After passing Mrs. Jones a large hand mirror, he continues]. Now, Mrs. Jones, if you will hold this mirror, I shall point out these cavities to you. In the lower jaw, you have a cavity in the right first molar. This cavity consists of decay in all the fissures of the tooth [and meanwhile Mrs. Jones sees the dentist pointing out the carious fissures in the lower right first molar with his explorer]. This tooth can be very nicely filled with a restoration of this type [and he shows Mrs. Jones a plugged gold foil filling, nicely polished, in an extracted molar, set in plaster and the whole thing mounted in a chromium ring. Mrs. Jones's interest is immediately arrested by the attractive model]. This is a filling which is out of the ordinary."

And slowly, but ever so surely, there is a desire being fomented in Mrs. Jones to possess that same type of restoration. Her "sales resistance," as we very aptly phrase it, has been

lowered, and desire has been created.

The dentist then proceeds to the next cavity and finds that a gold inlay would be the proper restoration. The procedure is the same as for the gold foil restoration, except that, instead of displaying a gold foil filling model, a gold inlay model is shown.

The patient is first shown the tooth model with the cavity prepared, then the inlay, and then the seating of the inlay in the cavity. The dentist should call the attention of the patient to the contour carving, smoothness, and high lustre of the inlay, for then the patient regards the inlay as something out of the ordinary; in fact, it is a product of craftsmanship and art. The patient also feels that such a piece of work would be the best for his mouth, and, in such a state of mind, the monetary objection to the inlay is overbalanced by the desire of the patient.

The procedure for all the cavities is the same, except that appropriate model fillings are used to illustrate the type of restoration for each tooth.

Thus, by the use of a few models, we can impress the patient with the type of work that we intend to do for him.

The patient's point of view is altered and his knowledge of dental restorations is increased. He realizes that a gold foil or gold inlay restoration is not just any old filling. He no longer regards his dentist as a filler of teeth at three dollars a filling. He comes to a realization of the art and craftsmanship that the dentist incorporates into his restorations of decayed teeth. And realizing this, he is prepared to pay higher fees for this superior type of service. He knows that such service warrants better fees. Thus, by gold foil and gold inlay restorations the patient and the dentist are mutually benefited.

Aside from the monetary gain to be derived from doing good work, there is that good old feeling of doing one's work well when one regards the completion of a beautiful foil or inlay in a patient's mouth. And thus there is a spiritual enjoyment.

All this means that the dentist can benefit his patients, benefit himself, and derive the satisfaction of work well done when he is able to practice the dentistry of gold foils and gold inlays.

ALPHA OMEGA FRATERNITY

A meeting of the Supreme Council will be held on Monday, September 12, 1932, at 2 P. M. at the fraternity headquarters, the Hotel Touraine, Buffalo. The chairman of local arrangements is Dr. M. Wolfsohn, 131 Linwood Avenue, Buffalo.

Oral Hygiene *in* Far Lands

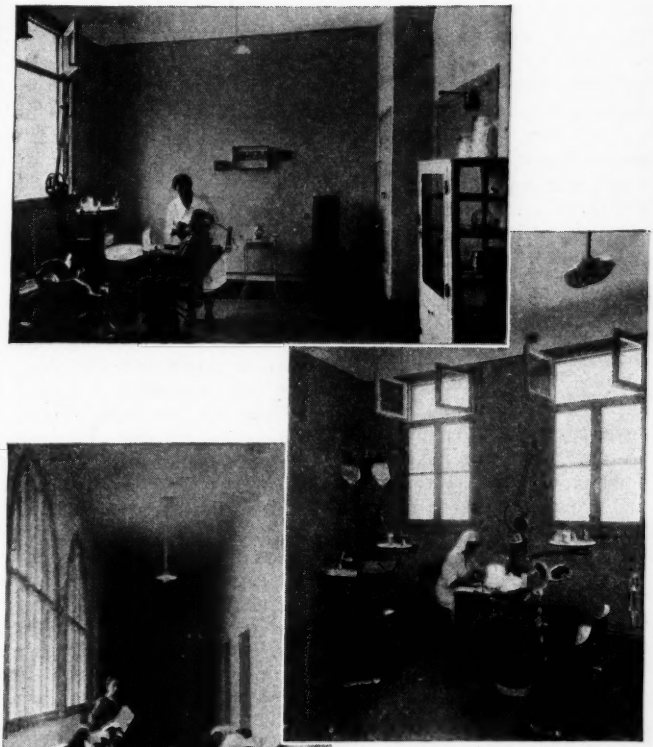
By P. Beaumont Wadsworth

WHEN the writer first traveled in the Orient a few years after the World War, nothing depressed him so profoundly—although he is merely a journalist unconnected with the medical or dental professions—as the dirt, the general squalor, and the unhygienic conditions which obtain among the peoples of those lands lying "east of Suez."

Alas, what is true of the Orient proper is true also of the Near East. Past Spain, France, and Italy your steamer approaches the Levant—Palestine, Syria, Egypt; and there, too, one finds the same dirt, the same general squalor, and the same terrible lack of elementary hygiene in everyday life. During the last few decades, however, there have been heroic efforts to improve health conditions in the Near East; and attempts have been made to introduce the salutary conditions obtaining in the western world. Everywhere, hospitals and clinics have been established, and courageous men and women of idealistic tendencies have exiled themselves to go out as pioneers bringing the precious gift of health to these suffering people.

To relate what has been accomplished in the health field in Palestine, one must go back to 1918 when Hadassah, the Women's Zionist Organization of America, took to that newly-freed country, a group of physicians, nurses, and dentists. Naturally, the first years were spent mostly in combating disease; the all-important problems were sanitation and immediate medical attention to the sick. This meant that although there was a sincere effort to place the dental service on a firm basis the lack of facilities, limited finances, and painfully small personnel help make progress extremely slow.

Meanwhile, activities spread, and in the decade from 1918 to 1928, there was created by Hadassah a network of twenty health stations throughout the land, and an ambitious medical program which prepared the way for the western man of science into these parts was instituted. Situated not far from the famous Rothschild Hospital in the very heart of the New City,



Three views of the Clara Wachtel Dental Clinic in the Straus Health Center in Jerusalem. The picture at the lower left shows the children waiting their turns in the anteroom.

which is still growing, the (Nathan) Straus Health Center is now the focal point for all those activities which were previously scattered over a wide area. From this three-story, absolutely modern building radiates a health program which augurs well for the future Palestinian citizen, be he Moslem, Christian, or Jew.

"The Health Center may be

said to symbolize the modern departure from the older idea in health promotion. Formerly attention was concentrated on mass community problems, that is, pure water, clean food, and proper disposal of waste. In this way great improvements in the health of the community were achieved. Much, however, remained undone. Progress reached a certain point and stopped. It became clear that the family, and not the community, must form the new unit; it was found essential to better man himself in addition to bettering his environment. Wrong infant feeding, physiologic or organic disturbances of the growing child, harmful effects of improper (not only unclean) food, improper posture, wrong psychological adjustment —these and other factors affect the individual himself and cannot be eliminated by the sanitary improvement of the environment. The immediate environment—the body and the home—has, therefore, become the field where the latest battle for the well-being of man is being waged.

"The Jerusalem Health Center is an organized expression of this new trend. In this building the work begins with the expectant mother. She is examined, guided, and watched as nearly as possible from conception to the birth of the infant. The new-born infant is taken under the wing of the Infant Welfare Station; later he passes under the care of the School Hygiene Clinic."*

It may be noted that there were in Palestine hospitals, dispensaries, nurses' training centers, infant welfare stations, model villages, maternity hostels, etc. All phases of health were treated: dentistry, however, was somewhat neglected, placed in the background. And it was just this absence of attention to what is gradually gaining the position of a major branch of health activity that gave rise to the idea of a dental clinic in Jerusalem.

Just as one man, Nathan Straus, contributed the money for the erection of the Health Center, so the dental clinic which it houses began as a one-man idea; and, for the two years of its existence, it has continued to represent the efforts of its founder, Dr. Henry I. Wachtel, of New York City. In 1929 he put before Hadassah his scheme for presenting the Health Center with an experimental dental clinic for preventive dentistry.

Constructed on the very best modern plan, the Dental Clinic is truly a stimulating sight. Its spotless walls breathe cleanliness, its simple windows let in the health-giving sunshine, while there is an atmosphere of health and death-to-disease all around. Here is the finest dental equipment meant for use and not for show, as there are here no patients to be impressed.

The staff consists of a full-time dentist and a nurse, as well

*Extract from 1930-1931 Report of Straus Health Center, Jerusalem.

as volunteer dental service provided by the Dental Society of Jerusalem. The Center has the benefit of the advice of a committee of dentists selected by the dental society. This committee also supervises in a general way the work of the Clinic.

How does the Clinic fit into the framework of the already organized health activities? This work of the Health Center begins with the child at its inception—the pregnant mother—and embraces all phases of its development. The care of the infant begins in the pre-natal clinic, and is followed up in the infant and pre-school clinics. Then the child comes under the surveillance of the School Hygiene Clinic; and here—side by side with the Nutrition Clinic, the model Pasteurization plant, etc.—is the Dental Clinic.

Pregnant women coming to the Health Center are directed automatically to the Dental Clinic where their teeth are examined, cleaned, and when necessary, repaired. They also receive advice on the proper care of the teeth, and instruction on the correct diet necessary for the health of the child during the pre-natal period. All children coming to the Health Center, for whatever reason, are also shepherded to the Dental Clinic in the same natural manner. This recognition of the prime importance of all dental work in the preservation of good health is the basis of the Dental Clinic's place in the Health Center. As may well be imagined, the close team-work between medical and dental departments leads to maximum results with a minimum of wasted effort.

The object of this clinic is dental prophylaxis among children of school age. During the past year a general survey was made in order to ascertain the incidence of caries and other dental defects among Jerusalem school children. For this purpose 4,079 school children between the ages of three and eighteen underwent mouth examinations, and the dental work necessary was charted.

The incidence of the various defects was as follows:

Cavities	3.9 per child
Teeth for extraction	0.9 per child
Unclean mouth	70.0 per cent
Abnormal gums	10.0 per cent
Orthodontic cases	20.0 per cent
Abnormal palate	10.0 per cent

For a number of reasons, the dental work had to be discontinued in January, 1931. However, in October, 1931, a new program of mouth health and active dental care was started.

The work consists of cleaning of teeth, filling of simple cavities, extraction of deciduous teeth which might lead to malformation of permanent ones, and instruction of child and parents in the proper care of teeth and of the importance of diet in relation to teeth.

Mouth hygiene is taught to the pre-school child of two years, and then to older groups as their needs demand attention. A valuable pamphlet, "Chil-

dren's Teeth and How to Use Them," published by the Oral Hygiene Committee of New York, was translated into Hebrew for free distribution among the mothers of Palestine. This booklet was included in a series of pamphlets which the Health Center regularly issues. In a land not overburdened with literature great attention is paid to these booklets, and they more than repay the labor expended on them.

Pictorial dental posters, too—published by the National Child Welfare Association of America—with Hebrew and Arabic texts, are being distributed in all schools of Palestine, in Jerusalem, Tel-Aviv, Haifa, Tiberias, Jaffa, etc. Free toothbrushes, a design of the Oral Hygiene Committee of New York, have also been distributed among the school children; they bear on the handle, in Hebrew, the inviting inscription: "Child! Brush your teeth to keep them clean and healthy!" One of the most effective educational methods of the Clinic is the Hebrew Dental Chart. For this card a new terminology had to be found since the necessary scientific terms do not exist in the Hebrew language. Pamphlets, educational material, posters, etc., are placed in the library, the room visited by the general public. These rooms are adjacent to the Dental Clinic. Suitable articles from leading dental journals are translated into Hebrew and Arabic for publication in Palestine. All these items, as well as the original equipment, have been furnished by the founder of the Clinic.

FEATURES OF AUGUST "DENTAL DIGEST"

Of particular interest to the general practitioner now is "The Maintenance of Dental Practice," by John W. Cooke, A.B., D.D.S., a conservative and analytical description of a successful method of holding patients under difficult economic conditions.

"Waxing Technique for Removable Castings," by Benjamin Krohn, D.D.S., describes a method any dentist can use to advantage in his practice.

Another extremely practical article is "Surgical Trauma of the Mandibular Canal," by Wilton W. Cogswell, D.D.S., F.A.C.D. The full color illustrations for this article were made from Doctor Cogswell's remarkable models.

"A Workable Dietary Table," compiled by L. D. Moriarty, D.D.S., and Katherine Carpenter Moriarty, B.A., B.S., is an article the dentist can refer to constantly when advising patients on diet.

Gilbert H. Droegkamp, D.D.S., gives the complete technique for taking difficult impression with elastic compound materials.

What can the DENTAL SOCIETY *do for me?*

By CLIFF P. ELDER, D. D. S.

DURING the long months just behind us (and they have been long!) while our noses have been so steadily on the grindstone that our hair follicles have regularly run a temperature from the constant friction, doubtless most of us have wondered, "Can *anything* do anything for me?"

Since the economic situation has done what it has to our patients, it is not surprising that the item which the dentist used to call "income" has crossed the ledger and somehow got into the "expense account." But that you may not fear another amateur attempt to solve a world-wide maladjustment of money and market, of producer and purchaser, which has baffled our most astute leaders and best-qualified business men, let me assure you that I do not claim to be a business doctor; I am just a doctor, like you.

Nevertheless, I know that the dental society does have financial aid to offer, among its many benefits. Of this, more later.

There are many kinds of dental societies in existence, including small private groups, as well as city, county, district, state, national, and international organizations. Any of these societies can do something for me, and some of them can do much. Dentists have formed associations for almost every conceivable purpose. Some, for example, study clubs, delve into one single thing, and delve deeply. Others pass from one subject to another, seriously trying to increase their knowledge of each subject in turn. Other groups are purely social and recreational in purpose.

In a neighboring state, there is a group of dentists who for more than a year have met bi-monthly to study cast inlays and crowns, including all the problems relating to tooth prep-

aration, wax, gold and alloyed gold, investment materials, and technique. This particular group is being directed by a splendid dentist, a man full of enthusiasm and true fraternalism, who gives of himself unsparingly.* Through this man, the members of this club are in contact with the Bureau of Standards at Washington, D. C., and thereby receive much accurate, first-hand information of great value. The results of their experimental work are reported to the Bureau, and thus they assist the Bureau in solving some of its problems.

The membership of this club is of necessity limited, yet the interest has been so keen that, although members come from an area of more than a hundred miles, and the rule is that one who misses two meetings without an air-tight excuse is dropped, almost none have been admitted from their waiting-list.

Another organization, of which the writer is a member, has, during the past two years, studied operative dentistry, removable bridge work, cellulose and condensite dentures, surgery, economics (which we need, and how!), and office management.

Some groups meet to play golf, others to dine and dance. There are dental gun clubs, fishing clubs, and motor boat clubs. There may be dental yacht clubs, but, if so, I have never met any of the members. There are organizations which do research work in chemistry and metallurgy. Others, interested in dental history, have established and maintain libraries of dental literature. There must be societies of dentists engaged in lines of endeavor of which the writer has never heard. Surely an interesting study could be made of the less common or more unusual dental organizations.

While the program of the small society may be of a very specialized nature, and still be of great benefit to the members, that of the larger bodies, the various state associations and the American Dental Association, must include every problem in or affecting dentistry, to the end that dentistry shall advance. This program recognizes the fact that if dentistry is to advance, the welfare of the patient, as well as that of the dentist, must be considered. Furthermore, do not overlook the fact that from such a program benefit results to *all* dentists, as well as to the members. I do not say *equally*, because I believe that *only by sharing both the cost and the work can one get the maximum benefit of any human endeavor.*

In order to familiarize us with the various activities carried on from year to year by the regularly constituted departments of the American Dental Association, there has been issued a pamphlet entitled, "The American Dental Assocition — What It Has Done, and What

*Dr. H. D. Coy, Hamburg, Iowa, President-Elect Iowa State Dental Association.

It Is Doing." This pamphlet has only five pages of reading matter, and fourteen major departments, with brief statements concerning what is being done by each, are listed on two pages. This information, though brief, surely contains surprises for many of those who are members of the Association.

It is a pleasant surprise to learn of the splendid results produced by the efficient bureaus, councils, and committees who are working in these fourteen departments, which cover such widespread fields. I wish that every dentist might read this booklet.* It answers so well the question, "What can the dental society do?" Since the A. D. A. is doing all these things, and many others not mentioned, reading it will convince all members that they are getting a whale of a bargain for their four dollars a year. Also, it must be equally obvious to the non-member that he is *missing* a wonderful bargain, and that the American Dental Association deserves his support.

It is evident that cooperation has become a necessity in modern life. The individual is weak and ineffective when he stands alone, but valuable and constructive when he unites his talents with others for the benefit of the group. The group, in turn, and its leaders must constantly keep in mind the individual, his needs, and his rights.

This holds true in all dental societies. Small or large, limited to one object, or embracing everything pertaining to dentists and dentistry, they have strength only as they receive support. First, there must be a sufficient number of individuals who will enroll as members and contribute enough money to finance the work. In addition to financial support, there must be personal support by the members. A number of them must be willing to think, to plan, to work for the best interests of dentistry. They must be willing to *serve* the dental profession loyally and unselfishly even to the extent of making sacrifices of time, effort, and money. Individual gain and personal opinion must often be set aside, in order that the greatest benefit may result to the greatest number. Benefit to the greatest number again compels consideration of the patient, as well as of the dentist, and keeps in view the old adage, "The only reason for a doctor is a patient."

All this may seem bromidic, and sound like "vain repetitions" to the reader who is a faithful worker in his dental organizations, but he must remember that this is written for ORAL HYGIENE, the magazine which undoubtedly reaches not only all A.D.A. members but also more non-association men than any other dental publication.

You, whose names appear on the rolls, but whose faces are seldom seen at the meetings,

*A copy may be secured by request from Dr. H. B. Pinney, Secretary, American Dental Association, 212 East Superior Street, Chicago, Illinois.

whose voices are not heard in the councils, whose shoulders are rarely found beside those of the stalwarts at the wheel — even though you pay your dues with promptness—I address you also, to remind you that we get profit out of anything in direct proportion to what we put into it; and the dental society cannot do as much for you if you put in your money only as it can if you also put in yourself.

We must remember that every good law pertaining to dentistry was placed on our statute books largely through the efforts of organized dentistry. We may begin with laws which make possible the existence of dental colleges and include those which confer upon us exclusively the right to perform those operations which make up our daily work, and those which enable us to collect fees for our services.

The dental associations must needs be depended upon to continue the work of promoting good dental laws and of opposing all laws which threaten the best interests of the public and the profession. For if they do not, who will? Who can? The unorganized portion of the profession *cannot;* certainly the general public *will not.* There is no great popular interest in such matters. Probably not ten per cent of the population would give proper dental legislation a serious thought. It is equally certain that the law-making bodies of our states cannot give us good laws without the advice of our legislative committees. There is positively no agency outside the organized dental society which has either the proper interest in such work or the ability to perform it.

Consider also the fact that it is scarcely possible to mention a man of the past or present who has made any outstanding contribution to dentistry who has not been an organization man. All the old "Fathers of Dentistry" whom we revere, who have planted that we may reap, belonged. The burden-bearers of today, whose strenuous labors are prolific in good results for *all* of us, belong.

For all these good reasons, *you* and *I* should belong. We must support our dental associations even from motives of self-interest and self-preservation. We can scarcely overdraw the picture of the desperate straits of the dentist, and the harm to the profession of dentistry which would result if our dental societies ceased to function, or the workers in them ceased their labors. Membership in these societies is worth vastly more to you and me than membership in the Country Club, the Service Club, the Credit Organization, or the Chamber of Commerce. The success of our dental associations means dentistry's success, and their failure spells *its failure* and *our failure.*

Do you desire to improve yourself in the practice of dentistry, to know more about the

technique of certain operations? The next meeting of your district or state association will have men on its program who can help you.

Are you a bit lonely in your one-man job, and do you sometimes crave association with others whose problems are like yours? The dental society has many men like you, already in its ranks, who are both giving and seeking friendly communion.

Do you wish to submit some of your ideas to a jury of your peers? Or share them, having yourself a bent for teaching? Get on the program; you are wanted, and both you and your ideas will grow.

Do you fear the encroachment upon dentistry of men insufficiently educated and nonscientific, men whose only interest is dollar profits? You will find defense, and you can be one of the defenders, in our dental army.

Have you a willingness for service, and a true but not yet fully developed spirit of brotherhood? Then the dental society will give you a full portion of the best dish on life's bill of fare.

Do you dread the possibilities of an impecunious old age, since, like many fine professional men, you may be giving more consistently than you are getting? The dental society has thought of this and has already set aside large sums, the income of which is devoted to old age and disability pensions, rather let us say "honorariums" — we think of them thus. Furthermore, it has arranged for a plan of group insurance at so low a price that even that poor business man, the dentist, can manage to pay the premiums for an amount sufficient to create an estate for his loved ones if his life is cut short.

To sum up: The American Dental Association and its component bodies offer these things to you and to me. 1. A *school* in which dentistry may be studied, and dentists may continue their education. 2. A *club* where social contacts may be made, and friendships formed, whose flowering blossoms will perfume all the corridors of life while memory lasts. 3. A *workshop* where raw materials may be tested and sorted, and those which prove of practical value to us may receive the benefit of mass production. 4. A *fortress* for the defense of our professional rights, and for the protection of society. 5. A *house of service* where the strong may learn to help the weak, where the strong-willed may learn tolerance, where each shall serve his brother, and all shall serve humanity. 6. A *hospice* at the end of the journey, a place for rest and meditation provided by brotherly love, to rob old age of its terrors, and minister to those stricken down in their prime.*

*The author wishes to acknowledge a debt of gratitude to a great churchman, Dr. F. H. Knubel, president of the United Lutheran Church, recollections of whose address, "What Has the Church to Offer Youth?" inspired much of the thought and arrangement of this last paragraph.

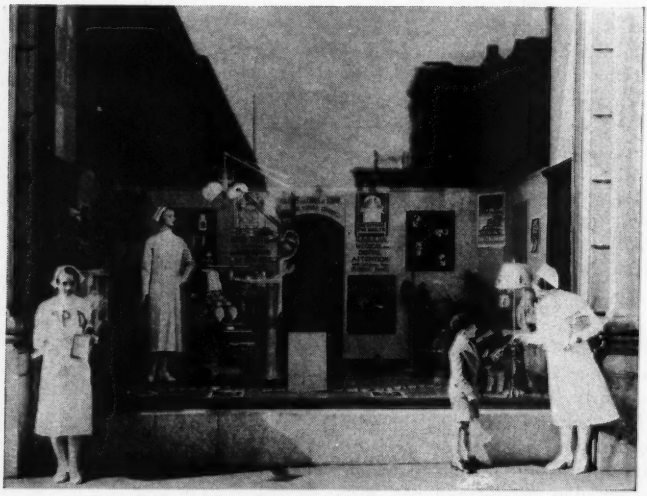
A Successful "Child Health Week"

THE success with which the "Child Health Week" program was carried out in Rochester, New York, during the first week of May, deserves recognition for the good it accomplished and for the example it set for other cities.

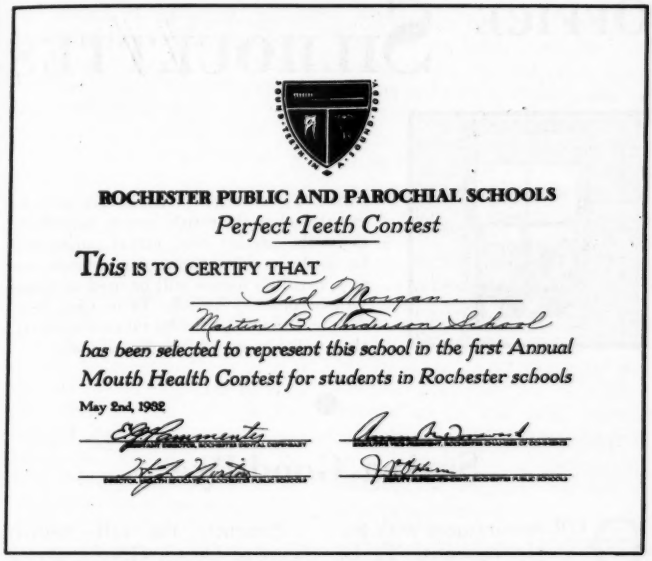
Rochester dentists, the Rochester Dental Dispensary, the Board of Education, the Rochester Chamber of Commerce, the Rochester Department of Health and the Ritter Dental Manufacturing Company cooperated in putting on the program.

Rochester newspapers carried interesting and educational articles on the value of oral health and a series of brief radio talks were given during the week. Newsreel pictures with sound were taken and shown in all local theaters.

Dental hygienists and nurses examined all the pupils in certain grades in both the public and parochial schools in an ef-



Window display during "Child Health Week"



ROCHESTER PUBLIC AND PAROCHIAL SCHOOLS

Perfect Teeth Contest

This IS TO CERTIFY THAT

Ted Morgan

Martin B. Anderson School

has been selected to represent this school in the first Annual Mouth Health Contest for students in Rochester schools

May 2nd, 1932

Certificate of merit in perfect teeth contest

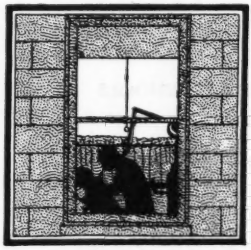
fort to select a boy and a girl from each school with the most perfect set of teeth. Approximately one hundred and thirty-five boys and girls were then taken to the Rochester Dental Dispensary and presented with certificates of merit by a committee representing the various cooperating groups and city officials.

The city of Rochester was kept informed throughout the entire week of the benefits to be derived from intelligent care of the mouth, particularly during the childhood period. All of the groups that cooperated are enthusiastic over the interest shown and the good that resulted and are looking forward to the carrying out of a larger and more effective campaign for next year.

INDIANA EXAMINERS MEET

The Indiana State Board of Dental Examiners will meet, beginning November 14, 1932, for purpose of examining all applicants with proper credentials and qualifications for licensure for dental practice in Indiana. For information write to Dr. J. M. Hale, Secretary and Treasurer, Mt. Vernon, Indiana.

OFFICE SILHOUETTES



NOTE: These brief pen pictures will be exactly what their title states. Sometimes, as in the present case, actual names will be used; at other times, for obvious reasons, fictitious names will be used or names will be omitted entirely. In no case, however, will any liberties be taken with *facts;* they will always be *exactly as stated.*

●

Saying Good-Bye

OUR appointment with the deeply lamented T. L. Gilmer was for a noon luncheon. Needless to say we were on time; in fact, a few minutes early . . . As we sat down in the unusually large and attractive reception room of his office, we noticed a plainly dressed woman of thirty or so who was accompanied by a child, quite evidently her daughter, also very plainly dressed, and like the mother, rather ill at ease in the large and quietly artistic room.

My wife and I merely sat and waited; the mother and daughter stood looking out over Michigan Boulevard and the distant lake. At all times the mother tried to keep down to a minimum the eager questionings and running comments of the child.

Presently the tall, courtly figure of Doctor Gilmer entered the room. Greetings to his luncheon guests were soon and graciously accomplished, then turning to the plainly dressed and even more plainly nervous woman near the window, he said, in the kindest and most pleasant way, "Madam, you were waiting to see me?" At this direct question the already nervous mother became almost helpless with confusion and finally stammered out: "Oh! Doctor Gilmer, I'm so sorry that I am troubling you—taking up your time—I guess I shouldn't have come at all. You see it all means nothing to you—you don't know me—you never *did* know me—or my little daughter either; she was just a tiny baby then—just one more of the helpless ones born to poor people

and with a dreadful cleft palate and hare lip; it was over four years ago that you operated on her and made her all right—and we never paid you anything—*not anything*—we just couldn't—but it all meant so much to us, and she is such a fine big strong girl now—and talks and sings—just like other children—and tomorrow we are leaving Chicago and perhaps I would *never* have another chance to tell you all about this and what it has meant to us, unless I came today—so I felt that I just *had* to come up here to your office and let you *see* our fine big girl and *let you hear her speak*—because, of course she never could have talked at all if it hadn't been for you.

"So that's why I brought her up—just for you to see and hear—it doesn't seem like very much does it?—But—but—it didn't seem *right* not to come—and I did want to *try* and tell you how we *felt*—and—and we'll be going now—Thank you — so much — and — and — God bless you—always—Good bye—."

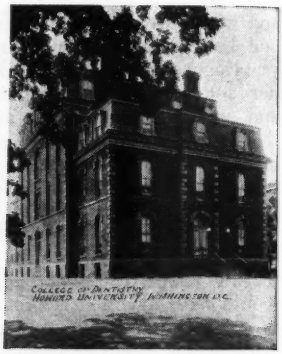
A strange mist had fallen over the distant lake; even the furnishings of the splendid room swam rather uncertainly, and an elemental silence of deep understanding was upon the three of us as the plainly dressed mother and daughter moved out of the office, never to be seen by any of us again, ever. It was not until moments later that we realized we did not even know her name.

As the tension slowly lessened in our throats Doctor Gilmer replaced his glasses, returned his handkerchief to his pocket, turned to us and said, "Who says that work like that doesn't *pay*? Personally I consider that one of the biggest rewards I have ever received."

Yes, Thomas L. Gilmer was a real dentist, proud of his profession; in a strangely quiet and unassuming way proud of his position of leadership in that profession, but beyond and above all else, proud of his high privilege of responsibility as a servant of his fellowman.

—*Arthur G. Smith*

College of Dentistry



HOWARD UNIVERSITY'S PART *in* Dental Education

By RUSSELL A. DIXON, D. D. S.
ACTING DEAN, HOWARD UNIVERSITY COLLEGE OF DENTISTRY

AT the time when dentistry was coming into its own as a specialized science, Howard University, like many of the forward-looking institutions, took its first progressive step toward the establishment and development of what is known today as the Howard University College of Dentistry.

It was about October, 1881, that a lecture course on practical dentistry was introduced to medical students for the first time. This course was conducted by Dr. James B. Hodgkin, a graduate of the Baltimore College of Dental Surgery and at the time a member of the Faculty of Medicine in Howard University. With this small beginning it was possible to include in the medical curriculum the following year a more specialized course in operative dentistry, conducted by Dr. N. W. Whitcomb.

Thus it was that dental education at Howard University was the direct outgrowth of the desire of medical students to practice dentistry along with their medical practice. From that time forward the demand in the dental field became so great that almost immediately dentistry became a separate and highly specialized unit of the professional school.

The development of dental education at Howard University has been gradual but con-

The importance of the Howard University dental school is immediately apparent when one considers that it shoulders half of the responsibility of furnishing competent practitioners to serve the dental needs of a negro population of 12,000,000 persons.

Aside from Meharry Medical College, at Nashville, Tennessee, which has been offering a course in dentistry since 1886, Howard University in Washington, D. C., has the only colored dental school in the entire United States.

And despite the popular notion that he almost invariably has flashing white, perfect teeth, the average colored man is quite as much in need of dental care as is the white man.

At the dedication of the Carnegie Library, on April 25, 1910, William Howard Taft said in part, "This University offers to the colored race what it needs and without which it cannot make advancement, to wit: colored leaders of thought in every profession in order, not that all colored men may be university men, but that there may be among the colored men university men who shall lead the whole colored race onward and upward."

The accompanying article by Acting Dean Russell A. Dixon seeks to evaluate the part played by Howard University's College of Dentistry as a force in dental education—furnishing men to lead a race to better oral health and consequent well being.

tinuous through the years until the present status of the College of Dentistry is such that it offers an appeal to students not only of the negro race, but to other peoples as well.

By 1929, the growth of the college had progressed to such an extent that the trustees of Howard University deemed it necessary to reorganize the department and place at its head a dean who would devote his full time to the management and development of the dental college. Twenty-eight teachers constitute the faculty of dentistry. Eleven of these instructors devote full time to dental instruction in the dental school. Three give half-time service. The remaining number are members of the medical college staff who teach the basic sciences to dental students.

The contribution to the field of dentistry by Howard University cannot be measured alone from the standpoint of the number of finished practitioners who have gone forth to render this form of health service. Her contribution may be more fully realized when we consider the

Main operating clinic

wide distribution of the Howard University dental alumni. The seven hundred and ninety-six graduates have scattered their practices throughout the United States, Canada, South America, British West Indies, Africa, and elsewhere throughout the world.

The standards of the College of Dentistry are sufficiently high to render the morale of its student group comparable to that of the best professional schools of the country. The prerequisite for admission to the College of Dentistry is two years of college credit with specified sciences from an accredited college. In keeping with the curricula of standardized dental schools, we require our students to take four years of dental training in the dental college. Our curriculum includes the basic medical sciences, which are taught in the medical college, and laboratory, didatic, and clinical courses, which are taught in the College of Dentistry. Because of the caliber of training given and standards maintained by the school, its graduates now enjoy full recognition by such standardized agencies as the Regents of the State of New York. Through the affiliation with the American Association of Dental Schools and the direct contact with other regulating bodies the college itself is keeping in touch

with the most progressive developments in dental science.

The economic status of the student group is one which has greatly influenced the financial policy of the College of Dentistry of Howard University. One of the major objectives has been to place dental education within the reach of every young man who has the ambition and preparation to enter the profession.

The measuring rod of any institution's effectiveness is to determine to what extent it affords adequate preparation to those in training to meet the needs of a community. The part the College of Dentistry of Howard University is playing is immediately apparent when one considers that it shoulders no small share of the responsibility of furnishing competent practitioners to serve a people who are fast developing a distinct dental consciousness. Generally speaking, the public is being educated to regard dentistry as a preventive measure in aiding nature to maintain healthful oral conditions rather than as a mere respite from annoying oral ills.

One has only to attend a clinic of this dental college to be convinced that all levels of society are fast becoming dental minded to a gratifying degree. Supported by recent investigations of authorities, we feel it is safe to say that the greatest problem that confronts the profession today is to answer the crying need of the suburban communities for dental service. This apparent shortage in the profession is not due to the fact that schools are not turning out sufficient numbers of graduates, but to the tendency of the new practitioners to seek the metropolis.

The College of Dentistry of Howard University feels a direct responsibility for creating such a wholesome attitude toward the profession that the prospective dentists in training will go out with the idea of giving service where service is needed.

Have you filled out and mailed the blank printed on page 1640 of this issue?

Dr. AVERAGE D. PRACTITIONER

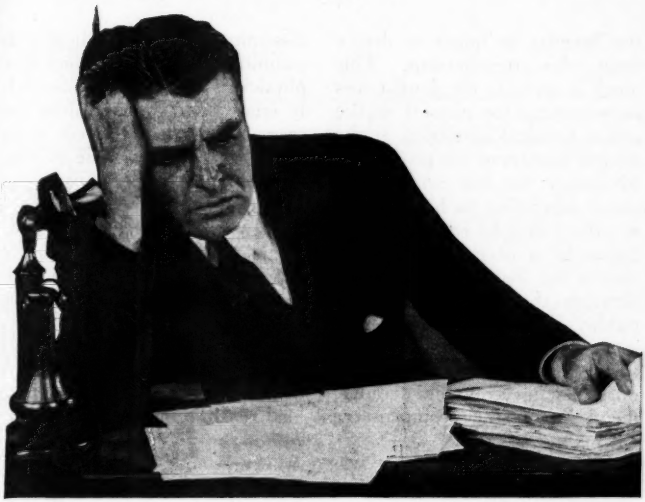
By J. A. SALZMANN, D.D.S.

SINCE March, 1931, a veritable war has been raging over the activities of the Educational Publicity Committee of the American Dental Association. While the controversy started over the question of *ethics*, it has long since lost its false face in the *mêlée* and may now be recognized for what it really is—a *political scrap*. And, like true politicians, the objectors to "paid for" publicity—we have yet to see a resolution against *free advertising*—have ignored the real issue, the motive that prompted the Judicial Council of the A.D.A. to favor the appointment of such a committee.

The major aim of the Educational Publicity Committee has been stated by its chairman, Dr. Alfred Walker, of New York, to be "the dissemination of educational material through the news columns of the papers, through magazines, the lecture platform, radio, etc." It is to be seen, therefore, that paid for advertising is but a minor phase of the work of this committee which further aims to coordinate and direct lay educational efforts of component dental societies throughout the United States.

The writer was a member of the committee to form an Economic Bureau in the American Dental Association. This committee, under the chairmanship of Dr. James A. Brady, of Philadelphia, sent a questionnaire to leaders in organized dentistry, including officers of state dental societies, trustees of the A.D.A., deans of dental colleges, and others. One of the questions asked related to lay publicity. These men, many of whose names now appear appended to resolutions condemning the Educational Publicity Committee, invariably expressed themselves at that time as favoring the formation of such a committee.

Many of the objectors to the Educational Publicity Committee, because of academic connections or other sources of income, are comparatively immune to the economic stress that the average practicing dentist is experiencing at present and have therefore failed to take into consideration the interests of the



Dr. Average D. Practitioner has long been asking, both himself and others, "What is organized dentistry doing for me?" The answer to this question cannot be much longer delayed. In his present economic predicament the dentist has begun to weigh the costs of belonging to organized dentistry, however small, against the benefits he hopes to derive from this membership.

latter. Dr. Average Dental Practitioner reads his dental journals for the want of anything else to do these days and, after wading through myriads of "*Whereas's*" and "*Resolved's*," issued by his dental societies, he remains painfully perplexed as to the wherefore of all this objection. He personally has no reason to object to the American Dental Association's desire to regulate the plethora of advertising which has for some time past been presented to the public by commercial concerns as well as dental societies. The average dentist has always felt that it was wrong for anyone with an axe to grind to speak in the name of the profession without so much as a by your leave from organized dentistry.

Furthermore, Dr. Average D. Practitioner has long been asking, both himself and others, "What is organized dentistry doing for me?" The answer to this question cannot be much longer delayed. In his present economic predicament the dentist has begun to weigh the costs of belonging to organized dentistry, however small, against

the benefits he hopes to derive from this membership. This much is certain: the dentist sees no advantage to himself in the selfish political ambitions of the alleged leaders of the profession. Moreover, he has no scruples about admitting to himself and to others that he expects a livelihood at a decent standard in return for his efforts in ministering to the dental needs of the public. True, he realizes that service to his patient comes before self. Nevertheless, under our present economic arrangement, he must be compensated for his work.

Ethics is dynamic. What was considered ethical by the profession at one time is not necessarily so today. The reverse is also true. Paid for advertising as a means of disseminating public health information is not new. Many voluntary health agencies have for some years past resorted to paid for advertising as a means for furthering public health. We are well familiar with antituberculosis, diphtheria prevention, and other health campaigns. Many medical societies have adopted paid for advertising as a means of disseminating the periodic health examination idea. The fact that physicians will benefit financially from this campaign does not seem to have deterred them from bringing the value of periodic health examinations to the attention of the public.

Dentists who have their patients', as well as their own, interest at heart should not allow themselves to be stampeded into voicing objections to the activities of the Educational Publicity Committee. Dr. Average Dental Practitioner should realize that he is the *innocent bystander* in a political controversy and, as is often the fate of the innocent bystander, he is the one apt to suffer the most damage. It is the belief of this writer that if the true facts of the issue were presented to the rank and file of the profession, it would be found that dentistry as a profession is not against the activities of the Educational Publicity Committee. The question will no doubt be disposed of at the coming convention in Buffalo. Dental public opinion and not political factions should decide this important question.

MASSACHUSETTS EXAMINERS MEET

The Massachusetts Board of Dental Examiners will hold an examination for registration of dentists and oral hygienists in the city of Boston, Massachusetts, on November 14, 15, and 16, 1932. Application blanks and full information may be obtained by applying to W. Henry Grant, secretary, Room 141, State House, Boston. All applications must be filed at the office of the secretary at least ten days before the date of examination.

PEAKS *and* POKES

By FRANK A. DUNN, D. D. S.

Although he's young and rather small,
(A few short years on life's long span)
He hasn't any doubt at all
About who is the greatest man;
And wise and good to that he'll add;
He knows; he's sure of it — his Dad.

He doesn't fancy it; he knows
The greatest man upon the earth;
There is no "maybe" or "suppose"
About his greatness and his worth;
Regardless of what others had
None could compare with his own Dad.

And dad will say, with smile and wink,
He's glad somebody knows his worth;
And yet he loves that son to think
He is the greatest man on earth;
Between the two it's not a whim
For Dad thinks just the same of him.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Leukoplakia

Q.—I have a patient—a woman about middle age who does not smoke or use intoxicants—who has a mouth condition which I take to be leukoplakia—a slightly raised and whitened area in crescent formation appearing on each buccal area in large patches and in small patches in the anterior portion of the mouth. A slight area is found on the dorsal surface of the tongue, also a small patch under the tongue. There is no pain, merely a feeling of callousness.

The condition was first diagnosed by a physician as Vincent's and he treated it for a month accordingly, but with no results. He then sent her to me for treatment. Two microscopic examinations showed no Vincent's organisms, so that treatment was discontinued. However, the condition has remained the same and, in fact, I think it has spread somewhat. A Wasserman came back negative.

I find very little in dental literature on the treatment of leukoplakia. I have x-rayed the mouth and find some infection present. Some of this has been removed. The patient will not give her consent to the removal of any more teeth at present. What procedure and what treatment do you advise?—R.M.G.

A—Leukoplakia has for years been known as "smokers' mouth," but it can be and is caused by irritants other than tobacco. The first and most important step in the treatment is to remove the cause. Then the only other treatments that are recognized by cancer specialists are (a) the actual cautery; (b) radium. These radical treat-

ments rarely need to be used. If the cause is removed, it usually clears up. If you can find no cause, it would be wise to refer your patient to a dermatologist.—G. R. WARNER

Trismus

Q.—I extracted several lower left molar roots for a man 55 years of age, using a mandibular injection as usual. At the same sitting, I removed an upper left first molar.

After ten days or two weeks, the patient complained of inability to open his mouth as easily as usual. When he opened wide he noticed most distress in the region of the upper molar wound. I found no sign of inflammation.

Each time the patient has returned he has been less able to open his mouth. It is painful to take out and replace an upper partial denture that he wears. The patient is perfectly comfortable except when opening his mouth.

Can this be infiltration in muscle tissue? Does it start ten days or so after extraction? What is the treatment and prognosis?—H.M.D.

A.—Trismus following extraction is usually due to trauma, either of the needle, locally, of the forceps or exolevers, or of strain on the temporomandibular joint. Trismus from any one of these causes usually supervenes within a day or two following the extraction.

There is, however, another cause of soreness, pain, and stiffness in the joint, namely, arthritis. This might occur as a result of the operation or might be coincident, but in either case it could occur ten days, more or less, after the operation.

The pain in the maxillary molar socket probably is reflex, inasmuch as you find it healing normally. There might be, however, a maxillary sinusitis on that side which might account for the maxillary pain and other unpleasant symptoms.—G. R. WARNER

Some Friendly Advice

At 24, T.T.S.,* you should be on the up-and-up in hope and in ambition. Both may be killed if you stay in dentistry, is my prophecy—unless dear old dad continues to come to the rescue. And remember, the more often he does come, the easier you will accept and even expect. Your pride will slough.

No, my dear boy, it is not your youth; for youth has the world by the tail. Take any business and many professions and you will find that it is the man under 40 (or 45) that is in demand. By the time one reaches perfection (so-called) the employer is looking for younger blood.

Dentistry *as* a profession would be O.K., except for the inability of the public to pay, coupled with the keen price competition—to say nothing of the young hopefuls getting a

*ORAL HYGIENE, March, 1932, p. 533.

start or of the knocks of your dearly beloved professional brother who envies you, should you be so fortunate as to get a larger fee than he.

It is just too bad that the dentist cannot get it into his gray matter that to have a fellow dentist get a higher fee helps him to do likewise.

Should your wife be unable to recognize the sham and make-believe of the other dentists' wives and see what she presumes to be their success and your failure, you are losing prestige with her, her protests to the contrary notwithstanding.

Doctor Smedley tells you to do this and that. Yes, use up your energy, wear yourself out (especially your eyes) working for little or nothing on people who, for the most part, are without appreciation and in that way contribute your share toward lowering prices. Remember that no matter how efficient a dentist you are or get to be, each operation is just as much a potential failure as a potential success.

If, by remote chance, you should pay any attention to this suggestion and get out of dentistry and become a success or a failure, you will have me to thank or curse, as the case may be; but should you stay in, it is the same in reverse. However, if you will count the real financial successes in dentistry and figure the percentage you will be surprised.

Doctor Smedley closes by telling you "to hang on and you'll be sitting on top of the world." Yes? Well, even though you were a believer in evolution, you can't hang on by your tail. No, I am not a failure as a dentist and I am still ethical, extremely so. After 30 years of close application, I have made (and saved) some money.

You wonder if it is your youth; I am wondering if it is my age. Well, T.T.S., I might go on and on, but to no use; for, after all, you will remain just as much confused.—R.E.B.

Failures with German Silver

I would like to tell you about my experience with silver solder and German silver. Years ago we used a great deal of German silver and it took years to undo our mistake. We used it for Richmond posts. They would corrode and break and we would have to replace them. We used German silver for lugs on clasps. These would corrode and break also. We used it for lugs on lingual bars with the same results. We had trouble for years.

Now, however, we use a ten carat gold wire which is not expensive and we feel well repaid. Fourteen or sixteen carat is used for Richmond posts.

I have had thirty years' experience in large laboratories and feel confident that if you look further into this you will find some merit to my advice, for I feel that experience is the best guide.—D.D.S.

Since receiving your letter we

have made a check of our breakages and made some inquiry as to others' experiences with German silver lugs, and we are convinced that the ten carat gold is better. We have, therefore, instructed our laboratory to use no more German silver on our cases.—V. C. SMEDLEY

Dislocation of Mandible

Q.—What can be done for a patient who throws his mandible out of articulation bilaterally? It snaps back itself but he cannot open his mouth more than half the normal width. He suffers no severe pain, but the sensation is disagreeable.—P.K.T.

A.—Apparently the capsular ligament has been torn or stretched to permit the condyle to slip out over the eminentia. Immobilization for five or six weeks by wiring, as for a fracture, might correct the condition. It would be necessary even after that for the patient to exercise caution to avoid reestablishing the habit.—V. C. SMEDLEY

What Denture Material?

Q.—What type of denture should I make for a woman aged 55, who wears a vulcanite full upper denture? Her palate is red and painful and the saliva is highly acid.—J.P.C.

A.—I suggest that you make a thorough x-ray examination of the maxilla for residual infection. Also check the dentures for positive or negative nerve pressure over the anterior palatine canal. If neither of these suggestions can be established as a causative factor, I suggest a change from the vulcanite to a metal or synthetic resin base.—V. C. SMEDLEY

Postoperative Treatment

In the May issue,* R.C.W. asks whether he should employ cocain instead of novocain.

I agree that it would be dangerous to use cocain. It would be better for R.C.W. to check up on his technique and instructions to the patient on what to do after extractions.

I always tell my patients to watch elimination carefully, use no mouth wash of any kind for twenty-four hours, but to use ice packs on the face as often as possible during the first twenty-four hours and to keep as quiet as possible during that time.

Also, after extractions I clean the sockets carefully and remove all débris and pieces of broken process, as these particles cause most of the pain. I sometimes spend five to ten minutes making sure that the sockets are clean. Once they are clean, I let them alone, and allow the blood clot to set and remain undisturbed. —H.L.M.

*ORAL HYGIENE, May, 1932, p. 963.

REA PROCTOR MCGEE, D.D.S., M.D.

Announcing a New Editor

AFTER a distinguished career of more than thirteen years as Editor of ORAL HYGIENE, Dr. Rea Proctor McGee has retired and become Editor Emeritus.

His successor as Editor is Dr. Arthur G. Smith, of Peoria, Illinois.

ARTHUR G. SMITH, D.M.D., F.A.C.D.

Doctor Smith is well known in the profession as the former president and secretary of the Illinois State Dental Society, and for his numerous contributions to the dental press.

He is a member of the Illinois State Dental Society, the American Dental Association, and is a Fellow of the American College of Dentists.

The first editorials from Doctor Smith's pen appear in this issue of ORAL HYGIENE, beginning on the next page.

MERWIN B. MASSOL, *Publisher*

W. Linford Smith
Founder

ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D.
Editor

As One Dentist to Another

JUST like that! I find myself talking to the largest family of dentists in the world.

Of that family I was, until a few weeks ago, merely one more member, in no way especially different from any other. Why did they pick on me for this job? I don't know. Perhaps I never will know. Perhaps they drew my name out of a box. Perhaps they pasted the names of all the dentists in the world up on a large blank wall, and then had a golden-haired angel child, who was the symbol of purity and innocence, walk over to the wall and stick a large pink-headed pin just anywhere, and the pin landed on my name. I don't know, and that's less than half of it: I don't care! That is, I don't *care how* it happened; what I *am* tremendously interested in is the wonderful fact *that it did happen*, and that we are really going to have the high adventure of going along together, of talking together, and of "considering ourselves" as we go.

There are so *many* interesting and worth while things for us to discuss. It's merely up to me to act as starter or instigator; that must be the gist of the matter. Anyway, I am going to assume that it is like that until someone shows or tells me something which changes the conception I now have; for, you see, that

conception practically leaves me just where I was before: one of the family, in no wise different or distinguishable from all the rest. The paths which lie behind each of you have felt also the pressure of my feet. The goals which you hope eventually to reach are the very places where I hope one day safely to arrive.

So we are on our way—together—and are going to have some wonderful times *en route*, talking things over *strictly on the level*, as fellow members of a great profession; in short, *as one dentist to another.*

"Status Quo"

[Said the ancient Negro preacher by way of explanation, "Mah tex' dis mornin' am dem two strange soundin' little words which am found in de ancient Hebrew, 'Status Quo.' Dem two words describes de biled down, gosh awfulness of de fix what we is in."]

THE two adolescent boys seemed really in hard luck. Their clothes were ragged but clean, their manner very earnest. They said they were down to hard pan, no room for more caddies, needed money very badly, etc., etc.

They were given an hour's work at cutting out dandelions on the lawn. At the end of the hour, which also happened to be at the end of the day, they were given a half dollar each. It was a mile to the nearest street car—fare ten cents—five miles to town—fare nothing at all. Faced with these conditions, one of the boys asked courteously,

"May I please use your phone?"

This permission was granted. Whereupon the youth, who was down to hard pan, called a number, and said:

"Please tell mother to meet me at Schulze's Barbecue right away."

(Schulze's Barbecue was distant four blocks.)

On the way to town next morning the doctor passed by the village grocery, conducted by a personable young man of thirty-three or so. As he approached the store he noticed that the comely wife and two small children of the grocer had just brought daddy to work in a large and shiny Packard.

A few weeks previously daddy had stated that he *simply couldn't* get together two hundred dollars so that his wife could have her teeth fixed.

Pondering these two incidents in his heart, the doctor stopped at a filling station, and, while sorting out the change in payment for the usual six gallons, tried to think up a good excuse for not paying his dental supply bills for another month or so.

Perhaps you are the man who really knows the answer to this Status Quo. If so, you should be President and both houses of Congress.

Where Do We Go From Here?

(An Analysis of the Present Dental Outlook)

OF course, no exact and accurate picture of conditions as they confront any section of our tremendously complicated social order can ever be painted by anyone. However, in even a rather dim illumination of any subject, many landmarks and promontories may be found which stand out with unmistakable distinctness.

In the pages of this magazine a survey and an appraisal of the plainly evident high spots which exist in the present outlook for the dental profession will be undertaken as frankly, honestly, and directly as possible. It is no part of the idea underlying this adventure that any new or startling discoveries of facts will be made; indeed, all of these are well known. However, it seems at least possible that a careful study and rearrangement of these same known and

admitted facts may lead to some very interesting, possibly definitely helpful and constructive, conclusions.

For many generations the wisest of the ancient astronomers attempted to arrange and explain the heavens, and particularly our own solar system, on the theory that the point which they personally occupied—namely, the earth—was the center of about everything in sight. Somehow, they encountered insurmountable obstacles; the pieces of their celestial puzzle simply would not fit together.

It is idle to say that these men were stupid or devoid of adequate intelligence for the task which they were attempting; as a matter of fact, they were of giant mentality, and counted among their numbers many whose attainments in the realms of art and mathematics have never been excelled even up to the present day. No! The difficulties encountered lay not with brains or reasoning powers; their universe failed to permit itself to be arranged or understood simply because they attempted to set it in order to accord with an idea which was *basically wrong*—utterly out of harmony with the actual facts as they had existed since time began.

Had anyone been able to present these ancient students of the heavens with the correct *basic idea*, namely, that the sun is the center of the particular universe in which they were so especially interested, they could no doubt have gone ahead and put the entire problem together just as it now stands, complete, logical, and perfect.

What has all this to do with the dental universe of today? Perhaps a very great deal. All things have a strange way of finding themselves related.

In the dental universe we have been having, for a number of years, a large amount of effort, all sorts of studies and explanations, inquiries, tabulations, statistics, analyses, deductions, and conclusions, all based on the *central idea* that the main force which

must hold the universe together is the *income of the dentist.* Of course, this is an easy and perfectly natural mistake, closely allied to that of the astronomers of old, when they made this earth the center of everything; both errors were made because of propinquity, the nearness of an intense and confusing self-interest.

The matter of income *is* important to dentists, as well as to all other persons. No one can for a moment deny that self-evident fact. So is our earth important, especially to each person who happens to be living upon it; but, important as each of these facts may seem, a moment's clear reflection will reveal the further, rather astonishing fact that each is a poor second in importance to something else so vastly greater that the only thing to be wondered at is how we or anyone else could ever have been confused in our ideas or estimates.

The earth could not exist for more than a few paltry and desolate hours without the life-giving sun; and no dental universe can long flourish unless it recognizes and arranges itself in accordance with the sun of service to the patient. This always has been so; it will always continue to be so, and around, and in strict accordance with, this central, life-giving sun, our dental universe must arrange itself. The result will be perfect synchronization.

Since a start with the correct basic idea has been made, it is confidently asserted that all observed phenomena of the dental heavens will be found to fall pleasantly, and with an assuring and comforting click, into their allotted places, no matter if some of the phenomena do at present bear the rather disquieting labels of state dentistry, panel dentistry, professional enslavement, or what fear you?

Regarding Educational Programs

NO word in the English language has been, during recent years, more freely batted about over all sorts of literary terrain than the word "education."

"We must educate the public"; "Our educational program must include the following"; "In all our educational appeals these points must be especially stressed"; etc., etc. Phrases identical with, or very similar to, the ones cited assail the eye, or assault the ear, at almost every turn.

What is this thing, anyway? How much education constitutes an adult dose? What is the average speed of absorption and limit of tolerance? What are the symptoms, if any, of educational intoxication? How may a relatively comfortable state of comparative ignorance be recaptured, upon discovery by the innocent victim of education that he has, perhaps all unwittingly, allowed himself to become an addict of this newly acclaimed panacea for virtually all personal and social ills? Above all, how did we get this way: becoming suddenly worshipers of education?

To begin with the last question, the answer is simple and definite. The World War did it. It was while the war was still in progress that a sane and far-seeing man was heard to remark: "The years immediately ahead, after this terrible thing is over, will reveal the fact that one of the very worst things to be left behind will be the belief, on the part of nearly everyone, that *anything* can be inserted into the public mind by printer's ink and ballyhoo of the right sort continued for a sufficient length of time"; prophetic words which are proving to be, alas, too true.

This whole matter of education of the public is most complicated; it has many good points and advantages. On the other hand, dangers of many sorts are, or may readily become, associated with its indiscriminate application and undue emphasis.

In the world of organized dentistry we have for some time been hearing much of a public educational program. This program is proposed and sponsored by the properly accredited committee of the A.D.A. In its inception and intentions it is undoubtedly on as high a plane of altruistic endeavor as any undertak-

ing can possibly be placed; but, like all other problems, this one of education of the public, in a large assortment of matters pertaining directly to their own dental welfare, is found to be interlaced with a large number of considerations which it may be well to examine and analyze in order to arrive at as intelligent an idea as possible regarding just what may be expected from such a program if carried out.

One of the first things to be recognized and faced is the fact that a public program of dental education must compete for the eye and ear of the public with every other educational program now, or presently to be, launched against said eye and ear. What are some of these programs? Their list is rather comprehensive. There is, first of all, the antituberculosis crusade, one of the oldest and best sponsored of all of these undertakings. The vaccination program and problem (compulsory or otherwise) is always demanding a portion of our attention; the diphtheria immunization educational efforts never slumber, and should not be allowed to do so; the silver nitrate compulsion for the eyes of the newly born is actively present in our midst; the antivivisectionists are said to have one of the largest funds now in existence which is to be devoted chiefly to this matter of public education in their particular field of horror consciousness; the anticancer forces are coming out with renewed vigor and extremely well prepared literature; the diet faddists are legion (and all of them supported by infallible statistics if one accepts *only* the evidence which each cult submits). The antityphoid program must never be allowed to slumber or slump in interest; the pure milk and dairy products questions require constant attention; the matters of water supply and of proper attention to sewage disposal in each community are always placed squarely upon the shoulders and consciences of the public. Then, in our odd moments, after having satisfactorily mastered all the literature and reasons for action in

regard to the few simple subjects above enumerated, we can turn for light reading and mental refreshment to any one of the numberless well written articles on such reassuring topics as the steadily rising percentage of the criminal, the insane, and the unfit, in our present social order; the continuation or abolition of the death penalty, the entire overhauling of our admittedly antiquated criminal code and procedure; compulsory sterilization of the unfit and insane; etc., etc.

Let us be perfectly frank and serious in considering this whole matter. Appalling as the mere contemplation of the list of educational programs just given is, the additional fact must be noted that *not one of the programs cited is as technically difficult of presentation to the layman, or as well nigh impossible of real understanding by him* as the problems connected with the life-long preservation and retention of the teeth in a satisfactory state of health, serviceability, and sightliness.

If, by dental education of the public, we mean to strive to enhance the appreciation of sound and beautiful teeth as a well-nigh indispensable part of each human body; if, by such education, we seek to impress ever more deeply in the public mind a horror of artificial teeth which may ultimately attain the stature of the horror now associated with a rubber hand or a wooden leg or a glass eye; if, by such education, we can make parents more ready to spend their limited income with the orthodontist rather than with the dancing teacher or the instructor in saxophone playing, then by all means let us undertake such a program.

If, on the other hand, we seek to educate the general public to the point where they will enter our offices and say something very like this: "Well, doctor, I need a removable bridge from the lower left first bicuspid to the lower left second molar in order to check a threatened extrusion of the opposing teeth.

I am opposed to fixed bridges, doctor, because they place an undue strain on the supporting teeth. I have also learned from some articles on the subject that all fixed bridges are very unsanitary and should be shunned by people who have a due regard for mouth health, and cleanliness"; or perhaps we may hear: "I want all my teeth out because I have a bad case of pyorrhea. I have learned from my study of the subject that nothing can really be done about such a condition except to *have the teeth out—the sooner, the better.*"

If we as dentists are ready to rush in and try to educate our patients until they seek to repay us for our efforts along that line by talking to us more or less as indicated, let us pause on the brink of our proposed endeavor and take a good look at ourselves. What is the chief outstanding feature of this dental problem? Obviously the fact that, like the poor, *it is with us always.* With the exception of the first few months immediately following birth the question of teeth, *some kind of teeth*, is with each individual daily to the very end of life.

Other problems appear and disappear, assume for the time being an all absorbing importance then fade and vanish utterly from our path. Not so with the problem of our teeth. Most of us cannot recall a day so early in our lives that some tooth problem was not present, and for many of us the last service of the mortician will be to cement our dentures into place with a glue especially adapted to the purpose.

Now, in between these major events of birth and death, lie usually a very considerable number of years, during *all* of which tooth problems of one sort or another are inescapable. So varied and complex are these problems that it is probably no overstatement of fact to say that nowhere in the world today is there *any one man*, no matter how thorough his

professional education, no matter how long and varied his years of practice, who would be considered competent to *pass a final opinion on the entire range of such problems.* In other words, no one man in dentistry is entirely competent to pass *final judgment on all the questions which can and do arise in the practice of dentistry.* Incidentally, the more highly educated and intelligent the dentist, the more freely will he admit the truth of this assertion.

If, then, these teeth of ours involve a range of problems so varied and complicated that no single brain over a lifetime of application can properly evaluate and solve them all, how much less can the lay mind, while assailed by educational projects already in the field, be educated to a point where it is capable of giving even a lick and a promise to such problems on a technical basis! Education directed toward battering down the age-old attitude of "eventually—why not now" when the problem of loss of the teeth is up for consideration? *Yes!* Education which seeks to elevate knowledge of the patient to a point where it approximates that of the dentist himself? *No!*

The final authority in all dental matters rests, and must always rest, on some member of the dental profession. When the question is one of a *technical analysis of a dental problem* and the outlining of a course of action based on such an analysis, the well-known advice contained in one of the most popular present-day radio programs, i.e., "See your dentist at least twice a year," is ample, but it contains five entirely unnecessary words. They are the five which may be consecutively counted, beginning immediately to the left of the quotation marks which conclude the saying.

What is left after these five words have been counted off is exactly *all* that the patient has finally to depend on in solving any technical dental problem.

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

Ethics in Advertising

Dentistry at the present faces its most important issue in years; that of advertising under the plan evolved by Doctor Dewey. Under this system money is to be accepted from manufacturers of dental supplies and kindred sources and spent for advertisements of the display type ethical in character. Such displays have been used by units of the society and apparently with some success.

Critics of the plan train their guns on the features whereby money is to be accepted from manufacturers of unrecognized products, and also the departure from the time-tried standards of the ethical in advertising. Some verbal lashing is directed at Doctor Dewey regarding the general inanity of his ideas and even at the grammar he employs in presenting his ideas.

Doctor Dewey touched on a very, very tender spot when he asked:

"I wonder why you fellows are practicing dentistry today? On your dignity? You are practicing to make money! Every one of you went into the dental profession because you thought that was the best way to make a livelihood."*

The doctor's critics hold that this last statement is not so—that the profession is interested primarily in the welfare of human kind. This view is utter nonsense. Proof? Go back to your college and ask the students why they took their professional work. What induces any one to go into dentistry?

Is it the practitioner who gives his services away, lives in continual financial embarrassment and dies in poverty who does good work, or is it the business-like individual who collects for it, and takes his place in life as a respectable human being? The idealists of our field seem to believe that they can take the sons of people of all walks of life and, by a four-year dental course, repudiate the fundamental principles of trade and exchange. History

*Oral Hygiene, April, 1932, p. 740.

has shown very few men who could measure up to the standards of altruism, rigidly applied.

Such an outlook on the profession and life is not and never has been irreconcilable with a just and equitable service. The fact that I took dentistry because I thought it an honorable method of earning a living does not in any way lower my standing among my fellow workers. I still can possess a human sympathy and understanding of their difficulties; I can still help them without cluttering up my mind with a half-baked idealism that I live only to be of service. The fact is that I must make a profit to exist; such a profit enables me to help some who cannot pay; every dentist has enough of those.

To take a view of the matter advocated by Dr. Arthur G. Smith in your June issue* is to take the extremist's view of the situation. His statement that I must abandon the golden rule and dispense with my love of my fellow man when I admit that I am in practice to make money is illy conceived. I would argue that were love of man the sole activating mechanism of our profession there would not be the controversy over state and panel dentistry; and no one doubts that more good could be accomplished by a group of altruists working under these conditions. But the profession knows that we too count in this scheme of things and we are entitled to the same consideration that is accorded the engineers, professors, and bankers. They know we have the right to be free and independent; that we, as well as other groups of individuals, have the heritage of an untrammeled existence.

The welfare of the public is inseparably united with the welfare of the professions. It would, indeed, be a bad bargain for the people to exchange an adequate health service for the cheaper and probably less desirable socialistic systems advocated. And that is the chief consideration in this question; the profession must do what is best in a general sense; we must be considered in any solution of the problem.

Doctor Dewey's plan may not be all that is claimed for it; if it will result in the presentation of the vital subject of oral health and its relationship to general welfare it will certainly be a humanitarian undertaking. Looking at the question from an altruistic point of view, this is the only consideration to be employed. Here is where the idealists of Doctor Smith's type contradict themselves. They place (and rightfully) such items as professional dignity and ethics ahead of public welfare; they oppose public health with personal pride.

I agree with their solution of the problem but from a different angle; we are both vitally concerned with the welfare of the profession and ourselves; and we would place the welfare of the public second to our own. Doctor Dewey's solution must

*ORAL HYGIENE, June, 1932, p. 1140.

be scanned with minute care. Will it undermine the aura of respectability that we have so laboriously builded; will it result in a lowering of our standards; and will it end in battle that will divide the profession?

Doctor Dewey's arguments as applied to our ethics are unanswerable: "If you can do something for the good of the people by showing the benefit of dental service, you are justifying the methods which you employ."*

I have tried to present the thoughts of the average practitioner in such a manner that his arguments can be answered.

Let us take an intelligent attitude and perhaps experiment still further before we let our convictions overrule our actions. Perhaps after all, Doctor Dewey has the solution to our problem. A closed mind on this subject does not become intelligent professional men. — LEONARD L. McEVOY, D.D.S., *Winnetka, Ill.*

From the Philippines

For more than a year I have been profiting by reading ORAL HYGIENE. My conscience forces me to express my gratitude for the help it has been giving me, a recent graduate and a novice in the practice of dentistry. I have a very long story to tell about the benefits that I get from it, but suffice it to say that the world is blessed with the influence of ORAL HYGIENE.— A. E. BRAVO, D.D.S., *San Quintin, Pangasinan, P. I.*

*ORAL HYGIENE, April, 1932, p. 742.

An Advertiser Speaks

I have listened to a lot of hooey and read a lot, but "What About Educational Publicity?" in the March and April numbers* beats it all. "Educational Publicity"! Why don't they call it by its right name?

I have been an advertiser for thirty-eight years and there has been more ethics in my advertising than in the acts and on the tongues of a large percentage of so-called ethical dentists. — F. U. BOWERS, D.D.S., *San Francisco, Calif.*

More on Panel Dentistry

I have observed occasionally articles in the various dental magazines warning the profession of the approach of socialized or governmental control of dentistry. Almost without exception they conjure many evils from the idea. Evidently, the authors of these articles view with alarm the approach of an opportunity to give the benefits of dental attention to many more than have ever had it, at a lowered cost, and, at the same time, the assurance of at least a minimum regular income for the practitioner who engages in such practice.

I refer plainly to the possibility of state control of dental practices as a socialistic enterprise which seems to me to be

*ORAL HYGIENE, March, 1932, p. 506; April, 1932, p. 728.

the consummation of both Christian and professional ethics. Any practitioner observing the trend of world events, particularly with regard to the dental profession, cannot help but see the indicated tendencies. It may take time, but state control is coming; and we should be ready to work out a program for the good of all concerned.

What I can't agree with in the majority of these articles of warning is the desolate picture they tend to create, in the name of state control of dentistry. It is common knowledge that success (monetary) in dentistry is due more to a comparatively scarce combination of personal traits generally spoken of as personality than to any marked cleverness in the technical phases of the profession. A good many practitioners have marvelled that a few of their number should have made personality the paying thing that it is. However, most of us prefer to do our best day by day to become the dentists we feel that we ought to be.

It is these conscientious men who, I feel sure, will espouse the idea of state-controlled dentistry once they realize what its adoption will mean for them. There is one thing which will necessarily have to be sacrificed; that is, extreme individualism which at the present characterizes the profession. If the practitioner will permit himself to analyze the entire question dispassionately, he will find that that in itself is not such a terrible thing as he might expect and that there are compensations for such a loss which pretty well even up the score. — E. C. BELL, D.D.S., *Hammond, Ind.*

The Title of "Doctor"

In a recent editorial* ORAL HYGIENE took issue with some ignoramuses who question the dentist's right to the title "doctor." While I agree with the article in the main, I want to correct a statement made on the point of ethical usage.

My letterhead gives no hint "as to the scholastic source of my degree." As this is my personal stationery, I see no need of flaunting my profession in the faces of those whom I address socially.

The only purpose in letting people know that you are a dentist, outside professional contacts, would be to solicit business. If I were in the company of a D.D., Ph.D., D.D.S., or M.D., it wouldn't matter very much who was who unless we wanted to talk shop. And that, of course, is taboo in social gatherings. Social usage does not permit us to use our degree on any social stationery. Therefore, my calling card simply bears the title before my name.

I am sure that the best rule to follow is to use your title in social and your degree in business relations and not to misrepresent your status. — J. G. TILEM, D.D.S., *Philadelphia, Pennsylvania*

*ORAL HYGIENE, January, 1932, p. 75.

Tempus FUGIT

Twenty years ago this month.

THE RELIEF OF PAIN DURING DENTAL OPERATIONS

The demand for painless dentistry is not a product of but the last few years, as will be seen by this excerpt from an article which appeared in ORAL HYGIENE twenty years ago. It was written by Dr. A. E. Smith, of Cleveland, Ohio.

"Ever since the science of dentistry has been known, pain has stood between us and thorough work. Now let me ask you one question: How many times have you failed to prepare or thoroughly excavate a sensitive cavity as it should have been done scientifically; and how many times have you been hampered in securing the proper retention to hold your filling or inlay? In many cases we are handicapped by the excruciating pain caused by the rapidly revolving bur and the pressure of the excavator, and we overlook the need for retention or extension for prevention, and go ahead and insert the filling or inlay. In a few months the patient comes back with the filling in his pocketbook and filled with dread and fear of the dental chair, for he remembers how it hurt before.

"All of us, no doubt, have had failures in our work and it is my object to encourage the use of nitrous oxide-oxygen analgesia and anesthesia for the betterment of our profession. The technique for producing and maintaining the analgesic condition is not difficult to acquire. It is very easy, and, if you are not familiar with this method of eliminating pain and fear during dental operations, you should take a little time to learn about it. The knowledge will be of real value to you; and once you get started with this method, you would never return to the old way. The after-effects of this treatment are very gratifying. I can truthfully say I have never had a patient to be nauseated from its administration for analgesia and very seldom in my prolonged cases, cases lasting over one hour for the surgeons in the hospital."

PRECIOUS METALS *used in Dentistry* EXEMPT *from* TAX

SECTION 605 of the 1932 Revenue Bill is known as the Jewelry Section, which includes precious metals, with an excise tax of ten per cent on all items with a few exceptions.

The undersigned did not construe the phraseology of this Bill as justifying its application to precious metals used in dentistry, but from various reports it was apparent that the Bureau of Internal Revenue was planning to do this. Therefore, a letter was addressed to the Bureau setting forth logical reasons why this tax should not apply to precious metals used in the practice of dentistry and requested a ruling in order to incorporate it in a committee report to the American Dental Association. The reply indicated that the question was receiving serious consideration and this, together with definite information received from other sources, prompted the writing of a strong letter of protest, under date of July 7, setting forth ten specific reasons why this tax should not apply to dentistry. The Bureau rendered an opinion, July 16, as per the following telegram:

REFERENCE TELEGRAM JULY FIFTEENTH PRECIOUS METALS USED IN DENTAL WORK NOT TAXABLE UNDER SECTION SIX HUNDRED FIVE REVENUE ACT NINETEEN THIRTY TWO.

Had this been an adverse ruling it would have resulted in a decided handicap to both the profession and the public. Every dentist can easily determine his saving as being at least ten per cent on the precious metals used, plus such added expense and time as would be required in keeping records, making monthly reports, etc.

It is recognized that the manufacturers of precious metals, through the American Dental Trade Association, as well as others, were keenly interested and cooperated in obtaining this ruling; therefore, in behalf of every member of the American Dental Association we desire to express grateful appreciation.

Homer C. Brown, D.D.S.
Chairman, Committee on Dental Legislation, American Dental Association

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

She: "You pride yourself on being able to judge a woman's character by her clothes. What would be your verdict on my sister over there?"

He: "Insufficient evidence."

Dad: "Look here, my dear. I don't mind your sitting up late with that young man of yours, but I do object to him walking off with my morning papers!"

Proud mother: "My little daughter can spell her name backwards."

Bored listener: "But she is so young. What is her name?"

Proud mother: "Anna."

"How did you come to cause all this disturbance?"

"Well, it was like this. John and I were sitting at the fire. John was reading his newspaper and I was thinking. Then I turned to him and said: 'John, sheep are awful stupid, aren't they?' And John said: 'Yes, my lamb.'"

Auditor: "Now, let's see your pink slips."

Filing Clerk (fem.): "Sir!"

A colored porter in a hotel was asked why rich men usually give him small tips, while poor men are liberal.

"Well, suh, boss, Ah don' know, 'cept the rich man don' want nobody t' know he's rich, and the po' man don' want nobody to know he's po'."

His father's death was caused by a falling spade. The ace dropped out of his sleeve in a poker game.

Here 'neath the grass sleep two young fools;
They stepped on the gas and ignored the rules.
This was their code as they drove about:
"I'm on the road, so you look out."

A certain Kansas farmer was observed by his wife to be unusually pensive. "A penny for your thoughts!" she remarked.

"I was thinking, my dear," he said, "what epitaph I should put on your tombstone."

As his spouse was in perfect health, naturally, she resented this undue thoughtfulness.

"Oh, that's easy!" she responded briskly. "Just put 'Wife of the Above.'"

Why do they put so many holes in swiss cheese when it's the limburger that really needs the ventilation?

Arriving in a small western town, an easterner was attempting to start up a friendly conversation with a native.

"Tell me," he said, "what is the status of the liquor supply around here?"

"Status?" mumbles the native, "I dunno what you mean."

"I mean, is it easy to obtain liquor and is there much of it around here?"

"Wall, mister," said the native, "all I can tell you is that a little way back they turned off the water supply for a week and nobody knew it till the town hall caught fire."